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DR. RICHARD SCHINDLER CURRERLAND, NO.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

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	wite GAMP4	autside corporate lin a <b>Rd nAN</b> st <b>ro</b> wn)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside car		IRAL and give nea	633	
	d. NAME OF HOSPITA	I AL HOS	not in hospitol, g	jive street address)	d. STREET ADDRESS MAIN	ST.		e. IS RESID ON A FA	
	NAME OF DECEASED (Type ar print)		First JAMES	Middle C		ATH NO.VE	MBER	27 <sub>19</sub>	67
š.	MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 884	9. AGE (In years left) years yes.	Months Day	ys Haurs	Min.
	ing most of working I	(Give kind of wark do ife, even if retired) ED —WESTER	IN	ND OF BUSINESS OR DUSTRY AND RATLROAD	11. BIRTHPLACE (County & State, of GLADE HTLL, VI	r fareign cauntry)	12. CITIZEN QUINTE		•
	FATHER'S NAME	ARRINGTO			14. MOTHER'S MAIDEN NAME MARGAR				
15. (Ye	. WAS DECEASED EVE es, no, or unknown) NO	R IN U.S. ARMED FORCE (If yes give war or date	es of service)		MEMORIAL HOSP	ITAL, CU	MBERLAN	ND, MI	D.
	18. CAUSE OF DE PART 1. DEAT	ATH (Enter anly one H WAS CAUSED BY: IMMEDIATE CAU		(a), (b), and (c).)	Cordine .	west	9	INTERVAL BET ONSET AND D	WEEN
	Conditions, if ony,	which gave	UE TO me	polordial In	faction, In	f. , olu	2 1	19 das	71
	stating the under	lying couse	(c) A.S.	1 H. Cords	orase. dise	ase		10 ger	10 m
CALIUM	PART II. OTHER SIG		tus, n	hon, ( , o ( )	Port. Lat. myolor	deal Info	ret 1961	19. WAS AUTO PERFORM YES	NO Z
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or	Port II af item 18.)			
MEDICAL	20c. TIME OF INJU Hauria.n p.n		9 20d. IN While at work	Nat While   fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	Of. (City ar tawn)	(Caunty)	) (	(State)
	saw the de	<b>y</b> that (I) (this h ceased alive an	aspital) attend	ded the deceased fram_ 1967, and the	of death occurred at 9	Maron ealses		date stated	
	22 a. SIGNATURE	A. Va	2 Och	707 M	.D. PHYS. DIRECTO		22b. DATE S	WV.6	7
	22c. PHYSICIAN'S NAME (Type)	DR. W.	A. VAI	N ORMER	22°COMBERLAN	D, MD.			
	BURIAL, CREMATIC	DEC :	THEREOF L, 1967	23c. NAME OF CEMETERY OR ZION MEMORIA	AL PARK RF	LOCATION (City or T	LAND ALL	EGANY	MD.
	H. LEE S.		DECATUR	ADDRESS STREET CUMBEI	RLAND DATE NOV 3		EGISTRAR'S SIGNA		2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Perges 1 and 2 shauld be filled with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72-baurs ofter death. VR A15 (4) 25M 1/67

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CERTAGN - NOVEMBER 27 ED 1001-11-3

CALLES III

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MARTINE OF THE STREAM HOSPITAL, COMMERCAND, MO.

DR. W. A. W AND ORNER

# HEALTH DEPT.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEA	TH					Where deceased	d lived, if institution:	Residence b	efore adm	ission)
a. COUNTY	Allegany		MARYL	AND	i. STATE Mary.		b. COUNTY	-	gany	
write RURAL	VN (If outside corporate lim and give nearest tawn)	its,	c. LENGTH OF STAY IN	1b c. C		utside corporate	limits, write RURAL	ond give ne	orest town	1)
d NAME OF HO	erland, SPITAL OR INSTITUTION (IF I	not in hospital	nive street address)	140	TREET ADDRESS	ellana,			I a IS P	ESIDENCE
	rial Hospita		give street dudiess)	0. 3		Greene	St.			A FARM?
3. NAME OF		irst	Middle		Last	4. DATE	Month		Day	Year
(Type or print)	Le	ster	Piper		Beall	OF DEATH	November	1	27.	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH	9.	AGE (In years   IF	UNDER 1 YE	AR IF UN	IDER 24 HRS.
Male	White	WIDOWED	DIVORCED	1 Jan	. 9, 190	4	last birthday) M	anths Da	ys Hau	rs Min.
10a. USUAL OCCUPA	TION (Give kind of work don	e 10b. K	IND OF BUSINESS OR		BIRTHPLACE (State		ntry)	12. CITIZE	OF WHA	T
during most of work	king life, even if retired)	La	ibustry ibratory		Mount Sa			COUNT	S. A	
13. FATHER'S NAM			25.00000.09	14.	MOTHER'S MAIDEN		100		0, //	•
Joseph	r E. Beall				Ella M.	Piper				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17. INFOR			Address			111
(Yes, na, ar unknov	vn) (If yes give war or dates	of service) 21	7-10-7803	Mr. F	. Carlto	n Beall	e, 547 Gre	ene s	St. C	Md.
1B. CAUSE O	F DEATH (Enter only one co	use per line for		18.11					INTERVAL	
PAKI I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	E (a)	Broncho pr	reumoni	ia				ONSET AN	LIS.
330	,	E TO								
	any, which gave ) diate cause (a),	(b)	Cerebral i	nfarct	ion, les	t			16 da	45
	nderlying cause	(c) Cer	ebral thron	nbosis	due to a	rterios	clerosis	1	6 da	48
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO THE TE	RMINAL DISEASE COI	NDITION GIVEN	IN PART 1(o)		19. WAS A	AUTOPSY DRMED?
200. EXTERNA PRIMARY OF CAUSE OF DEA	CONTRIBUTING	20b. DE	ESCRIBE HOW INJURY OCC	URRED. (Enter	noture of injury in	Part I or Part I	If of item 1B.)			
20c. TIME OF	INJURY Month, Doy, Year a.m. p.m. 19	While	Not While		INJURY (Home, form reet, office bldg., etc.)		(City or town)	(County	)	(State)
21. I ce	rtify that I taak charg	ne of the rer	mains described aba	ve. held an	Autopsy .	Inspection	n X, Inquiry	TY. 1	and in n	ny apinia
			Accident .				determined mann		3110 711 11	ij opinio
	0	1 4	10'	<i>a</i> 1	CHIEF MEDICAL				11/27	167
SIGNATURE	Zeneda	15/3	Kilarel	in M	ASSISTANT MED	DICAL EXAMINER	Rt.	10	22. D	167 TE SIGNED
EXAMINER'S NAME (Type)			elic, M. D.		DEPUTY MEDICA Address (Street		Cumba	erland	l, Md	
23a. BURIAL, CREM	ATION, 23b. DATE TH		23c. NAME OF CEMETE	RY OR CREMA			ATION (City or Town)	(Cou	unty)	(Stote)
BREMOVAL (Spe		167	Hillcrest					Alleg	,,	Md.
24. FUNERAL DIRE	CTOR		ADDRESS			BY REGISTRA				
H. Wo	ryne George	Cumber	land, Maryl	and	DATE	NUV 3 (		Chan		chee

VR A15ME (5) 6M 1/67

5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate shauld be executed within 24 haurs after death. If

O DEPUTY MEDICAL EXAMINER:

arry delay is

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health priar to huntal cremation or removal and in any event within 72 haurs after death.

Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them #Id 11m #3395\_1129/67.ph

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.	Page 4 moy be retoined by the hospitol or attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the typerar	ge 3	ed
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1.	PLACE OF DEATH O. COUNTY				ion: Residence before odmission
	ALLEGANY	MARYLAND	PENNS	SYLVANIA b. COU	BEDFORD
	b. CITY OR TOWN (If outside corporate limits, write RURA COUNTS PROFIT AND)	c. LENGTH OF STAY IN 15	The state of the s	tside corporote limits, write RUI	RAL ond give neorest town)
		1MO 7 DAYS	HYNDM	AN RURAL	15 3
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARMS
	Memorial Hospital		RD#1 Lo	ondonderry I	Cownship ES NO
3.	NAME OF DECEASED (Type or print)  First VELMA	Middle B I	NGMAN	OF NOVEMB	
S.		NEVER MARRIED   B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED	DIVORCED	10-11-190	3 das birthdoy)	Months Doys Hours Min.
		ID OF BUSINESS OR	11. BIRTHPLACE (County 8	Stote, or foreign country)	12. CITIZEN OF WHAT
du	rring most of working life, even if retired) IND	DUSTRY	HYNDMAN.	. ΡΔ.	COUNTRY?
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N		USA
9	JOHN MADDEN		IDA E.	WOLFORD	
15	WAS DECEASED EVER IN ILS ARMED EDRCES?	OCIAL SECURITY NO. 17. IN	FORMANT	Addre	ess
И	(es, no, or unknown) (If yes give wor or dotes of service)	None ME	MORIAL HOS	SPITAL CUM	BERLAND, MD.
	18. CAUSE OF DEATH (Enter only one couse per inter for (		0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	reinom	atasi	`	ONSET AND DEATH
	1/0 X DUE TO	· n	21		
	Conditions, if ony, which gove (b)	of the	col		
	stoting the underlying couse DUE 10				
	last. (c)				
NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ICAT!	ar aus	Cia.			YES NO
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING \( \) OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (	Enter noture of injury in P	Part I or Port II of item 1B.)	
DICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. IN.		E OF INJURY (Home, form,		(County) (Stote)
ME	Hour o.m. While of work		ry, street, office bldg., etc.)	- Cumpy	uller Mid
	21. I certify that (I) (this haspital) attended		/16/ky , 19	1 ta 11/6/	47, 19, that (1) (wa) las
	saw the deceased alive on 11/14	/6 19, and that	death accurred at	Myrom kauses	and on the date stated above
0	220. SIGNATURE		ATTENDING	MED STAFF	22b. DATE SIGNED
1	20 PHYSICIAN'S Mallice	m.D.	PHYS. LED I	DIRECTOR L PHYS. L	1/12/6)
	NAME (Type) DR. RICHARD J.	WILLIAMS		CENTRE ST.	CHAPEDI AND NO
23	Ig. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or To	CUMBERLAND, MD.
	Barria Nov. 18, 19	67 Pall Alte	o Cemetery	Hyndman, H	Pa. RD#1
2	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY REGISTRAR 25b. REV 2 2 1967	GISTRAR'S SIGNATURE
	Harvey H. Zeigler, H	Hyndman, Pa.	DATENU	1 4 4 1001	San

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PART :

OR. HICHARD .. DILLIAMS .. 122 S. CEMIRS ST., EMURERAPHO,

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14700 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Allegany o. COUNTY Maryland b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Allegany County Infirmary 63 Grant Street NO IX NAME OF DECEASED First Middle 4 DATE Last Month Year Gilbert Bittner N. November 1967 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF LINDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED Months Dovs Hours 3-30-83 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Retired: Celanese INDUSTRY Pennsylvania Celanese 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Bittner Ellen Shaffer 21502 17. INFORMANT P.O. Box 599 Cumberland, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 216-10-6802 Allegany County Infirmary records 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from 1967 to 196 (, that (1) (we) last 19 67 saw the deceased alive on 22o. SIGNATURE 22b. DAJE SIGNED STAFF PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) Memorial Hospital. Cumberland, Md. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

1967

O FUNERAL DIRECTOR: VR A15 (4) 25M 1/67

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14701 **FOR STATE** HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE 2, and 3 to PM3. Page b. COUNTY delay is af after death. ALLEGANY MARYI AND MARYLAND ALLEGANY Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1. MONTH CUMBERLAND CUMBERLAND d. NAME OF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC haurs ON A FARM? MEMORIAL HOSPITAL 817 MEMORIAL AVE. YES ND X Give Pages after death. 3. NAME OF Middle First 4. DATE Lost Manth Day Year within 72 W DECEASED OWEN BRADY J. NOV. (Type or print) 19 67 DEATH Office along WITH 5. SEX 6. CDLDR DR RACE 8. DATE DE BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours in Item 18. APRIL 4, 1895 MALE WHITE WIDOWED X DIVORCED event 11. BIRTHPLACE (Stote or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
SUPER INTENDENT INDUSTRY COUNTRY? pages l W. VA.

14. MOTHER'S MAIDEN NAME ward "pending" in pencil in the Chief Medical Examiner's CELANESE CORP. TISA pencil 13. FATHER'S NAME be executed within ANNA M. HINES pup OWEN J. BRADY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) remaval, 214 07 5892-A WILLIAM P. BRADY CUMBERLAND. MD. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY S ANGET AND DEATH Occlusion Coronary burial, crematian, ar IMMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded ta the Ch DUE TO Conditions, if ony, which gove Coronary Sclerosis (b) rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, NO designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) While of work Hour o.m. 5 may be retained tar your O FUNERAL DIRECTOR: Page foctory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held on Autopsy , Inquiry K Inspection X and in my opinion Suicide . the funeral directar. death resulted from: Natural couses . Accident . Homicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE \_ TO DEPUTY DEPUTY MEDICAL EXAMINER November 13, 1967 **EXAMINER'S** BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county), unherland. Maryland. Health NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) 2 REMOVAL (Specify)
BURIAL NOV.16,1967 ST. PETER & PAUL CEM. CUMBERLAND. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR BYRON KIGHT CUMBERLAND, MD. VR A15ME 15 ocherles 6M 1/66

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MARYLAND STATE DEFARIMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH 14691 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) h COUNTY Maryland Allegany Allegany MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Midland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Dans Rock Road Dans Rock Road Middle 4 DATE First Last OF DEATH Ruth Brinegar (Type ar print 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last dirthday) Manths White Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) INDUSTRY COUNTRY? Parkersburg. W. Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Clarinda Knight Hugh Brinegar 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war ar dates af service) Midland, Md. Walter Brinegar "Brother" 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark 1967, that (1) (300) last 21. I certify that (I) (this haspital) attended the deceased fram. (25. ta

requires that the death certificate be executed within ease remaval, attending phys permit. Then p 0 signed by the atten burial-transit permi burial, cremation, o by the hospital or attending physician. as the has been PHYSICIAN: The law use Health FUNERAL DIRECTOR: After this certificate far of detached TO HOSPITAL OR ATTENDING Page 4 may be retained by th 3 shauld with the director, page 3 shauld be filed v 2

24 hours after death

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a COUNTY

NAME OF

SEX

MEDICAL CERTIFICATION

DECEASED

VR A15 (4) 20 M 1/66

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 2/1987

saw the deceased alive an A

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

Memorial Park

19 67

2Sa. REC'D BY REGISTRAR

DIRECTOR

**ATTENDING** 

22d. ADDRESS

M.D.

Md.

(State) (County) Md. 2Sb. REGISTRAR'S SIGNATURE

22b. DATE SIGNED,

Charles

e. IS RESIDENCE

YES

Day

Days

ON A FARM?

IF LINDER 24 HRS

U.S.A.

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INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

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(State)

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24. FUNERAL DIRECTOR George Eichhorn Lonaconing.

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and that death accurred at A.M. fram causes and an the date stated above

STAFF

PHYS.

23d. LOCATION (City or Town)

Frostburg

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MARY AND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14763 14692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Allegany o. COUNTY o. SWaryland any delay is ', 2, and 3 ta n PM3. Page Allegany MARYIAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Midland Midland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO X 00 Give Pages This certificate should be executed within 24 hours after death. NAME OF Middle the certificate, writing the ward "pending" in pencil in Item 18. Give Pag 4 shauld be forwarded to the Chief Medical Examiner's Office along with 4. DATE Dov Year DECEASED OF DEATH 11/26/1967 PETER BRINER (Type or print) permit. File pages 1 and 2 with IF UNDER 24 HRS AGE (In years last birthdoy) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Months Dovs Hours 72 haurs after deoth. Male White WIDOWED DIVORCED 8/31/1894 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT of Midland COUNTRY? during most of working life, even if retired) Police Officer-Town Eckhart Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Magdalene Ellinger Peter Briner 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service) event within Yes-World War Miss Grace Briner, Midland, Md. (Daughter) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: SNIEL AND DEATH Occlusion Coronary IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gove Sclerosis Coronary rise to immediate couse (a). and in DUE TO 0 stoting the underlying couse be used 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ar removal, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. While foctory, street, affice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Page of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion Notural couses X. Accident ... the funeral directar. deoth resulted from: Suicide Homicide Undetermined manner 11/26/1967 22. DATE SIGNED CHIEF MEDICAL EXAMINER 5 may be reto TO FUNERAL DI Health priar t ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Cumberland. Md. BENEDICT SKITARELIC, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Burial (Specify) 11/29/1967 Sunset Memorial Park Cumberland, 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 George Eichhorn Lonaconing, Md.

A COLUMN TENERS OF THE EAST OF THE SECOND TO SECOND THE SECOND TENERS OF EV 45 P. IN 18 Telling Viriant of Lightne Commission in the Commission of the Com You-totald as: 1 Line Gruce Street, 1212ans, 122ans, 1 SCHOOL SELECTION OF STREET Total bandeduck tred Asicos Commo Total Call Common Total Coores Manhorn Jemanonian, id. Philippin Line To a Control of the Control of the

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FOR STATE HEALTH DEP

P.M.3. Poge uniy delay is

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form

5 may be retoined for your files.

VR A15ME (\$)

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Deportment of

Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14784

#### MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

		MILD	ICAL EXAMINER	13	CERTIFICATE O	I DLA	4111				
PLACE OF DEATH     O. COUNTY					2. USUAL RESIDENCE (V	Vhere dece			nce befor	e odmissio	on)
o. COUNTY	Allegany		MARYLANI	D	o. STATE M	aryl	and b. COU	NIT	All	egan	y
	(If outside corporate limits,		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If ou	tside corp	orote limits, write RU	RAL ond giv	e neores	t town)	
	nd give neorest town)		81 year	rs	C	umbe	rland			01	-1
d. NAME OF HOSP	TAL OR INSTITUTION (If not in	n hospitol, g	give street oddress)		d. STREET ADDRESS				- 1	e. IS RESID	
Memori	al Hospital				5	01 0	ldtown R	oad		YES 🗌	
3. NAME OF	First		Middle		Lost	4 DATI			Doy	Yec	or
DECEASED (Type or print)	Miss	Eliza	beth Cather	rin	e Brinker	OF DEAT	TH N	ov.	3	19	67
S. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED 2		. DATE OF BIRTH		9. AGE (In years	IF UNDER Months	Dovs	Hours	
eMale(F)	White	WIDOWED	DIVORCED [		Oct. 17,18	86	81st birthdoy) yrs.	MONTHS	Doys	HOUIS	Min.
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during most of workin Hous	sekeeper	IN	Own Hon	ne	Cumberl	and.	Md.	(	OUNTRY?	US	A
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
	Mathias Br	inker		4.1	Louise	Run	penkamp				
	ER IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. II	NFORMANT	- 4	Addr	ess			
	(If yes give wor or dotes of se	ervice)		Mr	s. Dorothy	Rob	v. Cumbe	rland	. M	d.Ni	ece
no	DEATH (Enter only one couse	ner line for	(a) (b) and (c))				0 7			ERVAL BET	
PART I. DE	ATH WAS CAUSED BY:		Fracture	of	Right Tibi	a &	Fibula			SEPAND D	
904	IMMEDIATE CAUSE (o)					-	(Patholo	gic)	1-/	Day	0
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rise to immedia	te couse (o),		Oai Cinoma	01	. Dieast Wi	CII I	ie castasi	.0	-		
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	(c) SIGNIFICANT CONDITIONS CON		O DEATH BUT NOT DELATED	TO T	ACO 224221 DISCASS THE	IDITION C	N/FALIAL DADT 1/a)		10	WAS AUTO	OPSV.
PAKI II, UIHEK	SIGNIFICANT CONDITIONS CON	KIRUTING	O DEATH BUT NOT KELATED	10 1	HE TERMINAL DISEASE CON	IDITION G	EVEN IN PART I(0)			PERFORM	ED?
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200. EXTERNAL ( PRIMARY Or O	ONTRIBUTING 🛋	20b. DE	SCRIBE HOW INJURY OCCUR			Port I or I	Port II of item IB.)				
				-							
20c. TIME OF IN	JURY Month, Doy, Yeor	1471.31		e. PLAC	E OF INJURY (Home, form		. (City or town)	,	ounty)		(Stote)
10:00 p	Nov. 3 1967	ot work	Not While of work	Но	ory, street, office bldg., etc.)	Çun	berland,	Alle	gany	, Md	
21. I certi	fy that I took chorge of	of the ren	nains described obove	e, hel	d an Autopsy ,	Inspe	ction X, Inq	uiry X,	onc	l in my	opinio
death resu	Ited from: Notural	couses [	Accident X	Suici	de . Homicide		Undetermined m	anner [	7		10
	1		601	-	CHIEF MEDICAL	EXAMINER					
ACTUAL SIGNATURE	residen	100	Biland	-0	ASSISTANT MED	ICAL EXAM	AINER NOV	.3.10	967	22. DATE	SIGNED
EXAMINÉR'S					DEPUTY MEDICA	L EXAMIN	ER XX				
NAME (Type)	Dr. Benedic	t Ski	tarelic, M.	.D.	Address (Street	, city, tow	rn, or county) Rt	.9 Ci	umbe	rlan	d
230. BURIAL, CREMAT		OF	23c. NAME OF CEMETERY	Y OR C	REMATORY	23d.	LOCATION (City or To	wn)	(County	) (5	tote)
REMOVAL (Speci	Nov.6,	1967	SS. Peter	8	Paul Cemet	erv	Cumberla	nd Mo	3 . A 7	] egg	nv
24. FUNERAL DIRECT			ADDRESS		2So. REC'D	BY REGI	STRAR . 25b. R	GISTRAR'S	SIGNATUI	No.	-
James 1	. Scarpelli	, Cun	berland, Mo	d.	DATE NO	8 VC	1967	Miller	MEN	Judg	10000

THE STATE OF THE PARTY OF THE P Miles Allgabeth Catherine Deliker Line 10 .881. T. .100 the flore County and Transpireum Att. October 1969, Marchard, Paris, Color Cavilaine (ozabledatet) oznamniem oliw Janyah lo maugiou ? George Shitarolac

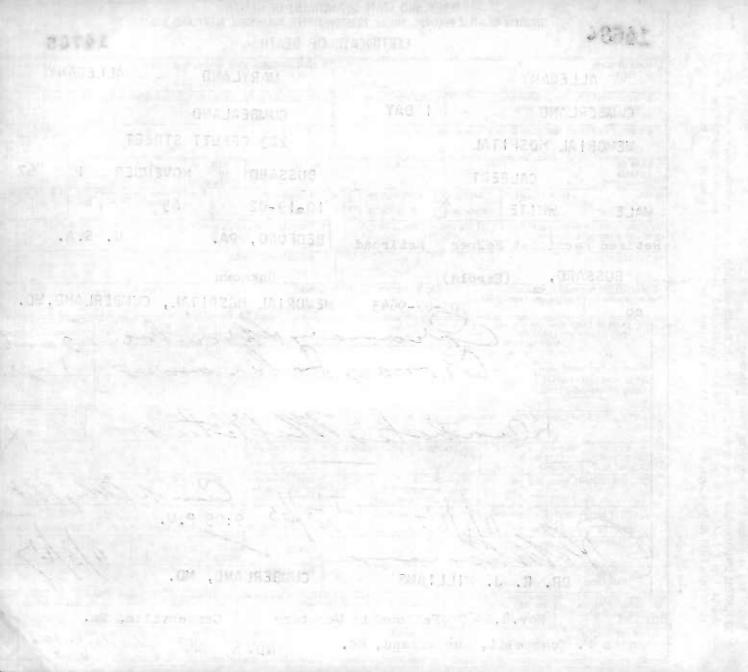
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14694 CEDTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ours after death by the funered Pages L

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					CERTITIO	MIL	OI DEATH				- 45 1	4.43	
		PLACE OF DEATH o. COUNTY	LEGANY	HE CO	MARYLA	ND	2. USUAL RESIDENCE (W o. STATE MARY	here deceos	ed lived, if institu b. COU	tion: Reside	E GA	n droissio	n)
			outside corporate limits,		c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If out:			RAL and gi	ve nearest	t tawn)	1
0	(		AL OR INSTITUTION (IF not		e street oddress)		d. STREET ADDRESS 223 C	FFUT	T STRE	ET		ON A FA	
		NAME OF DECEASED (Type or print)	CALBI		Middle		BUSSARD	4. DATE OF DEATH	NOVE		Pay	19	67
	-	MALE	6. COLOR DR RACE WHITE	7. MARRIED X	NEVER MARRIED   DIVORCED	B.	10-19-02		AGE (In yeors lost Gradoy)	Months Months	Doys	IF UNDER Hours	Min.
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	13.	FATHER'S NAME BUSS	ARD, (H	Harold)			14. MOTHER'S MAIDEN N. Unkn						
			R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16. SO	cial security no. -07-9643	17. IN	FORMANT MEMORIAL H	HOSPI	TAL, C		RLAN	ID, M	D.
		1B. CAUSE OF DE	EATH (Enter only one coust TH WAS CAUSED BY: 1MMEDIATE CAUSE	1	) (b), ond (c).)	-00	my de	reco	ufr	ú		RVAL BET	
		Conditions, if ony	DUE , which gove )	-	mai	7	Lele	Le.		-		1	一人
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	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING TO	DEATH BUT NOT RECATE	D TO TH	TERMINAL DISEASE CONT	DINTON GIVE	N M ART 1(0)			WAS AUTO PERFORMI	
	L CERTIFICATION		SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESCR	RIBE HOW INJURY OCCU	RRED. (I	Enter noture of injury in P	ort I or Por	t II of item 1B.)				
	MEDICAL	20c. TIME OF INJU Hour o.r p.r	JRY Month, Doy, Yeor n. 19	20d. INJU While otwork/	JRY OCCURRED 20 Not While of work		E OF INJURY (Home, form, ry, street, office bldg., etc.)	2017	(City or town)	de	ounty)	M	Stote)
		sow the d	ty that (I) (this hasp	oital) attende	deceased tro		death accurred at	9:05	ram couses			at (I) (4 er stated	
		/220. SIGNATURE	Mh	he	Le	- MD	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. I	DATE SIGN	16	>
		22c PHYSICIAN'S NAME (Type)	DR. R. J	. WILL	IAMS	_	22 UMBERL	AND,	MD.	/	11		
	Bu	. BURIAL, CREMATIC REMOVAL (Specify	Nov.4,		23c. NAME OF CEMETER Fellowshi		emetery	Ce	CATION (City or Idnoted)	le, E	(County)		tote)
	24	James F		i, Cumk	oerland, M	ld.	250. REC'D	8 1	967 25b	EGISTRAR'S Lian	SIGNATUR	dec	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician ond completely filled in director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon pagers should be filed with the State Dept. of Health prior ta buriol, cremotion, or removal, and in ony event, within 72 preserved. Poge 4 may be retoined by the hospitol or ottending physicion. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14706 14695 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 haurs 24 HOURS CUMBERLAND d. STREET ADDRESS Rt. 3 Union Grove Rd. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SACRED HEART HOSPITAL MY\_01/B0X/1/3/3/ Rura YES | NO X The law requires that the death certificate be executed within 3. NAME OF Middle Month Doy Year DECEASED HOLMES CESSNA NOV. 19 67 H. (Type or print) DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED lost birthdoy) Dovs WHITE 2-24-01 MALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COINS COUNTRY? during most of working life, even if retired) CUMBERLAND (ALLEGANY) MD. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, JOHN C. CESSNA JANE (HOUCK) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) burial, crematian, or 214-05-4006 HOSPITAL RECORD INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES Z-NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from 4 - 311-21-, 1962, that (1) (we) last , 1962, ta. , and that death accurred at, saw the deceased alive on. M. from causes and on the date stated above O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. LEWIS BRINGS 57 GREENE ST., CUMBERLAND, MD. 23 NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE THEREOF (Stote) RPMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE NOV 2 FUNERAL HOME

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	HOSPITAL RECORD	2004'-20-1'19	GH
. Gh., Alia	57 GREENE ST., CUMBERL	2	DR. LEWIS GRING

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14696 14707 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death death uneral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY ALLEGANY a. STATE b. COUNTY ALL EGANY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) 10 DAYS 6HRS CUMBERI AND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS APT SIS RESIDENCE within 7 STREET MEMORIAL HOSPITAL MECHANIC NO T carban NAME OF First Middle Last DATE DECEASED CLEM SR. NOVEMBER MILO H 67 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR last birthday) Days Hours 5-15-1886 WIDOWED WHITE DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Yard Foreman **INDUSTRY** COUNTRY? attending physician permit. Then please Railroad VIRGINIA USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES CLEM ISABELLE WILES IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war ar dates of service g MEMORIAL HOSPITAL. CUMBERLAND. crematian. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave Post operative-Intestinal Obstruction rise to immediate cause (a), DUF TO as the stating the underlying couse the haspital ar attending last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) has ficate Age-Arteriosclerosis-Generalized: NO TO for 20g. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH certif (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) Haur o.m. factory, street, affice bldg., etc.) Nat While at work at wark Nov 1 , 1967, that (I) (pe) last 21. I certify that (I) (this haspital) attended the deceased fram, 1960 . 19 ta be retained saw the deceased alive an / Oct. 31 1967, and that death accurred at 6:00 Amm causes and an the date stated above. FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE 11-1-67 M.D. DIRECTOR filed PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 133 VIRGINIA AVE. . CUMBERLAND . MD HIMMELWRIGHT 23d. LOCATION (City or Town) 23b. DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY 23g. 8URIAL CREMATION (County) REMOVAL (Specify) al Zion Memorial Cemetery Cumberland, Md. Allegany Nov.3.1967 0 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 25g. REC'D 8Y REGISTRAR F. Scarpelli, Cumperland, Md. VR A15 (4) 25M 1/67 Charles

PARTE CHARERLAND IS DAYS GHRS (UNDERLAND STATE OF THE DAYS OF THE CONTROL OF THE CONTRO AUCKSTAN MARKETINE THE ATTEMPT NO INDUCTION 1310 22VAL WE CONTRIBUTED AT 1920S WINDOW helitory and Lamitestal-of Jesus, deck a tingiling of entargue and in the sales as the Long: . The first of parameters was a first

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled arriby the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 trauss pla

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14697

CERTIFICATE OF DEATH

14708

1. PLACE OF DEATH a. COUNTY	T TOO A DITT			2. USUAL RESIDENCE o. STATE		ed, if institution b. COUNTY			
	LEGANY		MARYLAND	0.000	YLAND		ALLE		
write RURAL an	If outside corporate limits, give nearest town)	С.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corparate lin	nits, write RURAL	and give neare	st tawn)	
	OSTBURG		LIFETIME		STBURG			61	1
and the second second	AL OR INSTITUTION (If not		street oddress)	d. STREET ADDRESS				e. IS RESID	DENCE ARM?
	NERS HOSP			115	SPRING		T	YES	NO 🔽
3. NAME OF DECEASED	Firs		Middle	Lost	4. DATE OF	Manth	Doy	Yeo	10
(Type ar print)	DEANI		WILLIAMS	COLE	DEATH 1	OVEMBE	Also also I	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH			Months Days	Hours	R 24 HRS.
FEMALE	NEGROE	WIDOWED	DIVORCED [	SEPT. 6.	1898 69	.,			1,111
	(Give kind of wark dane	10b. KIND (	OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, ar fareign o	auntry)	12. CITIZEN O		
during most of working HOUSEW	IFE	OWN	HOME	FROSTBU	RG. MAR	YLAND	U.S.	Α.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
JO	SEPH WILL	TAMS		JE.	NNTE ED	MONDSC	M		
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16. 5001	AL SECURITY NO. 17.	INFORMANT	STR		OSTBUF	C MI	D
NO NO	N A	275	-18-8165-	B MR. ERN	EST A	COLE.	TR 11	SPI	RING
18. CAUSE OF D	ATH (Enter only one cous			1	D. C.	JOHA,	IN	ERVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (	a Cc	celeral	Hemor	rhade		NO N	ISET AND D	DEATH
331X	DUE T	,			1	1		10	21-1
Conditions, if ony		b) Le	verali	red al	heros	elero.	x12	15	WY
rise to immediate		0 0						1	
lost.		(d) FA	sentia	high	ilen	sion,		30	Yr
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CETIFICATION ON CONTRIBUTION ON CONTRIBUTION ON CONTRIBUTION OF CONTRIBUTION ON CONTRIBUTION CONT	besity,	, esco	tume:					PERFORM ES 🗍	NO K
20a. ACCIDENT WA		20b. DESCRI	BE HOW INJURY OCCURRED	). (Enter nature of injury in	Part I ar Port II of	item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER)								
= (II CITTLER, NOTIT	JRY Month, Doy, Yeor	20d. INJUR	Y OCCURRED 20e. Pl	ACE OF INJURY (Hame, for	m. 1 20f. (Cit-	y ar tawn)	(County)	- (	(State)
Hour o.	n.	While	Not While fo	ctory, street, affice bldg., etc			(		
p.:	71.	ot work L		VovemberII	10 6 7 45	Nov 1	107	- A /IV /	
	eceased alive an		196Z, and th	at death accurred a	2:50 AM, fro	m causes an	d an the dat	e stated	d abave.
22a. SIGNATURE	loin &	Wal	tus,	A.D. ATTENDING M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	IED / 5	7.
22c. PHYSICIAN'S	-			22d. ADDRESS			1	-	
NAME (Type	ALVIN J	. WALT	ERS. M.D.	48 BR	DADWAY,	FROST	BURG,	MD.	
230. BURIAL, CREMATIC		REOF 2	3c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATIO	N (City or Town)	(County	·) (S	itote)
BUR LAL	NOV. 14	1967	FROSTBURG	MEM. PARK	FROS	TRIBC	MADT	T A DIT	
24 FUNERAL DIRECTO	SOWERS.	HAFER-	ADDRESS TATE	250. REC	D BY REGISTRAR	25b. REGIS	TRAR'S SIGNATU	REJATIVE	,

BOTES 

14698 FOR STATE

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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IF UNDER 24 HRS. Hours

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(2)										7.7.1	
RT)		LACE OF DEATH						Where deceased li	ved, if institution	: Residence befa	re odmission)
5	a	. COUNTY A	llegany		MARY		Mar Mar	yland	D. COUNTY	Allega	ny
<u> </u>	Ь	CITY OR TOWN (If	autside carparate lim	its,	c. LENGTH OF STAY II	1 lb c. CITY	OR TOWN (If or	utside corporate lin	nits, write RURAL	and give neare	st town)
99		write RURAL and	give nearest tawn) Land		50 yea	rs	Cum	berland			01-1
00	d	NAME OF HOSPITA	OR INSTITUTION (If	nat in haspital, g	give street address)	d. STRE	ET ADDRESS				e. IS RESIDENCE ON A FARM?
99		D. O. A	. Memori	al Hosp	ital		311	S. Ced	ar St.		YES NO EX
		AME OF		First	Middle		Last	4. DATE	Month	Da	•
		Ype ar print)		Pete	Jane 1961	Conis		OF DEATH	Nov		
9.1	S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			la.		FUNDER 1 YEAR Months Doys	Hours Min.
		Male	White	WIDOWED	DIVORCED		t.5,189	6 71	yrs.		
3	10a.	USUAL OCCUPATION (	Give kind af wark dar		IND OF BUSINESS OR IDUSTRY		IRTHPLACE (State	or fareign country	()	12. CITIZEN O COUNTRY	
i te			e, even if retired) Laborer		Rail			a, Ital	У		USA
JIS (	13.	FATHER'S NAME	D \ C			14. MC	THER'S MAIDEN		0.33.		
201			Frank Co					Grace	Galliz	ZZI	
72 hours aft			IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. INFORMA			Address	3 8/5 3	1.1.0
臺						Mrs. I	Mary Co	nis, Cu	mberlar		
*		18. CAUSE OF DEA	TH (Enter only one of WAS CAUSED BY:	ause per line far			0 7			IN OI	TERVAL BETWEEN USET AND DEATH
in ony event within 72 hours after death		4201	IMMEDIATE CAUS	. ,	U C	oronary	Occlu	slon		Suc	iden
JY e		Canditions, if any,		IE TO		Coronary	Scle	rosis			
0		rise ta immediate	cause (a), (	(b)		-					
puo		stating the underl	ying cause	(c)							
_`	-		NIFICANT CONDITIONS		TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19	. WAS AUTOPSY
removal,	TION										PERFORMED? YES NO D
on, or removal, o	CERTIFICATION	20a. EXTERNAL CAU		20b. DE	SCRIBE HOW INJURY OF	CURRED. (Enter na	ture of injury in	Part I ar Part II a	f item 18.)		
		PRIMARY Or CON' CAUSE OF DEATH.	TRIBUTING								
lon	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year		NJURY OCCURRED	20e. PLACE OF INJ			ry ar town)	(Caunty)	(Stote)
	MEL	Haur a.m.	19	While at war		factory, street	t, affice bldg., etc.	)			
			that I took chor	-	mains described ab	ove, held an A	utapsy 🗍.	Inspection	X, Inquir	v 沈 an	d in my apinio
buriol,		deoth resulte		ral causes					ermined man		
to bu		/	2	40	11	,	CHIEF MEDICAL				
		ACTUAL	enedu	200	estarel	M.D.	ASSISTANT MED	DICAL EXAMINER [	Nov.]	11,1967	,22. DATE SIGNED
ealth prior	- 1	EXAMINER'S					DEPUTY MEDIC		R+ C	Cumbe	
prior	- 1			0 1 797 1	tomolia	M D	Address (Stree	t, city, tawn, or co	ninty)	, - din b c	T TOTAL
The prior			r. Bened								
Health prior	23a.	BURIAL CREMATION			23c. NAME OF CEME	TERY OR CREMATO	RY	23d. LOCATI	ON (City or Town	,	"
nealth prior			I, 23b. DATE 1			TERY OR CREMATO	RY		ON (City or Town	,	"

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbar palers. Pages Land shauld be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 2 haurs offer death

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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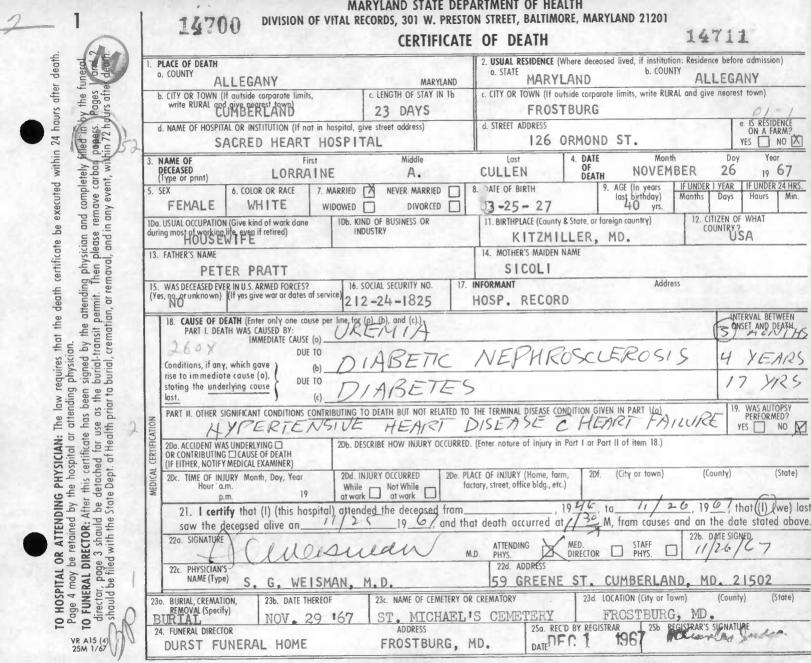
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#### CERTIFICATE OF DEATH

- 1				_								
1	o. CO	OF DEATH	LLEGANY		HARVIA		2. USUAL RESIDENCE (Who o. STATE		sed lived, if institutio b. COUNT	V	e before odn	
-			outside corporote limits,		c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outs		LAND RURA	7 100		
-	d. NA	ME OF HOSPITAL ME MOR	OR INSTITUTION (If not in I AL HOSPIT	nospitol, giv	ve street oddress)		d. STREET ADDRESS A	FT.	CUMBERL	AND	HONES VES	RESIDENCE DA FARM?
f	3. NAMI DECE/ (Type		First L E W	15	Middle R .		CRABTREE	4. DATE OF DEATH	NOVEY	BER	Dag	Year 67
	S. SEX	MALE	1.11.1.1.70.00	MARRIED X		8.	5-6-1889	9		IF UNDER 1 Months		NDER 24 HRS. urs Min.
	during me	ALOCCUPATION (Cost of working life Orderly		10b. KINI INDI	o of Business or USIRY Hospital		11. BIRTHPLACE (County & COLDTO	State, or for	reign country)	12. CIT	IZEN OF WHA	A.
	13. FATH	HER'S NAME	EONARD S.				14. MOTHER'S MAIDEN NA FANNIE MY					
			N U.S. ARMED FORCES? f yes give wor or dotes of serv		OCIAL SECURITY NO.		FORMANT EMORIAL HO	SPIT	TAL, CUM	BERL	AND,	MD.
	18.	CAUSE OF DEAT PART I. DEATH	TH (Enter only one couse pe WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (c	o), (b), ond (c).) DNGESTIVE	HE.	ART FAILUR	E				BETWEEN ND DEATH
l	/	4200 ditions, if ony, w	DUE TO	AF	RTERIOSCLI	ERO	TIC HEART	DISE	EASE		?	
	rise	to immediate ing the underly	couse (o), (									
	PAR		IIFICANT CONDITIONS CONTR	IBUTING TO	DEATH BUT NOT RELATE	D TO TH	E TERMINAL DISEASE COND	ITION GIVE	EN IN PART 1(a)		19. WAS PERF YES	AUTOPSY ORMED? NO
	OR C	ACCIDENT WAS U CONTRIBUTING I ITHER, NOTIFY MI		20b. DESC	RIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in Po	rt I or Por	rt II of item 18.)			
	WEDICA 20c.	TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Year 19	20d. INJ While of work	Not While		OF INJURY (Home, form, y, street, office bldg., etc.)	20f.	(City or town)	(Cou	nty)	(Stote)
		saw the dee	that (1) (this haspital	) attende	ed the deceased fra	m_ Lthul	l 6 , 19 death accurred at_	<del>67.</del> 3	fram causes a			l) (we) last ated abave.
		220. SIGNATURE  ATTENDING MED. STAFF 22b. DATESIGNED  PHYS. DIRECTOR PHYS. C/6/6/7										
	220	NAME (Type)	DR. THOMA	S LU	SBY	1	CAVALE	, MD	•	/	/	
F	23o. BUI	RIAL, CREMATION MOVAL (Specify)	N ov.9,		23c. NAME OF CEMETER Hillcrest				CATION (City or Town		(County)	(Stote)
			Scarpelli,		erland, Md.		DATE OV			STRAR'S SI	GNATURÉ	pe.

DITAL CHARACTER CENTER OF THE STATE OF THE S

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E. G. HEISKAN, N.D. 59 GREELE ST. CHIBEPLAND, MO. 21502

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14712 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY MARYLAND Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corparate lines, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b 66 Yrs. Cumberland Cumberland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 825 Braddock Road. Cumberland. Md. 825 Braddock Road YES NO Se 3. NAME OF First 4. DATE Last Month Day Year pou DECEASED 11-1967 (Type or print) Rebecca Dantzic Jeannette DEATH IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) 10-4-1901 WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Pianoist Cumberland Allegany, Md. musician U.S. 14 MOTHER'S MAIDEN NAME d 13. FATHER'S NAME or remayal, attending phys Celia (Batnick) Jacob Dantzic 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address 220-16-5955 Dr. Ethyl Dantzic Braddock Rd. Cumb. Mc INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY Calon IMMEDIATE CAUSE (o) by the haspital ar attending physician. netastaci. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO P 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While to 11-50 21. I certify that (1) (this haspital) attended the deceased fram 1-4-6 1967, that (1) (we) last 19 6-7, and that death accurred at 7245 M, fram causes and an the date stated above. saw the deceased alive an 11-3 22n SIGNATURE 22b. DATE SIGNED STAFF 11-6-67 C'Couence M.D. DIRECTOR directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 12/1 N. Smallwood St., Cumb Clarence Vincent 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 11-8-67 East View Cemetery Cumberland, Aldegany, Md 24. FUNERAL DIRECTOR VR A15 (4) H. Lee Silcox 404 Decatur St., Cumb., Md.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	1	14703 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	T	o. COUNTY Allegany MARYLANO	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)  o. STATE  Maryland  b. COUNTY  Allegany
ay is 3 to Page ent af	-		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ath. If any delay is ages 1, 2, and 3 to the ferral PM3. Page State Department of		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)  Cumberland  c. LENGTH OF STAY IN 1b	Cumberland 0/-/
577		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
F 7 5 6	9	D. O.A. Memorial Hospital	219 Emily Street YES NO X
		B. NAME OF First Middle  DECEASED (Type or print) Thomas Arner De	entinger DEATH Nov. 10 19 67
	5		8 DATE OF BIRTH 9 AGE (In years   IF UNDER LYEAR   IF UNDER 24 HRS
18. 18. 2 will		Male White WIDOWED DIVORCED	Jan. 16, 1909 58 yrs. Months Ooys Hours Min.
within 24 hours are pencil in Item 18. (aminer's Office all pages I and 2 winaurs ofter deoth.	1	Og. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
24 in I r's (	L	during most of working life, even if retired)  C. A. Dept.  Textile Ind.	Weissport, Pa. USA
nin ncil nine nine sagg		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
within 24 n pencil in Examiner's File pages 2 haurs ofte		William Dentinger	Hazel Green
ed within in pencil al Examine it. File page 72 haurs of		(Yes, no, or unknown) ((If yes give wor or dotes of service)	INFORMANT Address Wife
executed inding" in Medical E permit. F		No 214-07-5150 M	rs. Lillie Dentinger, Cumberland, Md.
Id be executed rd "pending" ir Chief Medical I -transit permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ry Occlusion Subject of Subject o
l be l'pe hief ransit		IMMEDIATE CAUSE (o)	ry Occlusion Sudden Death
shauld be executed to ward "pending" is a the Chief Medical burial-transit permit.		Coro	nary Sclerosis
he v he v ta t bur		rise to immediate couse (o),	
ficate ing taked ded as a a and i		stoting the underlying couse (c)	
	) Wilder	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  20d. INJURY OCCURRED Ville Of INJURY Occurred Contribution of	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO
	- Diaka	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Port II of item 18.)
INER: This e certificate, shauld be fa files.	100	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	
To Se E E	DIC.	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLA While Not While foot	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) tory, street, affice bldg., etc.)
examute that the that the that the that the that the that the the that the the the the the the the the the th	1	p.m. 19 at work of work	ory, sneet, drike didg., etc.)
		21. I certify that I taok charge af the remains described above, he	eld an Autopsy 🔲 , Inspection 🏝 , Inquiry 🏝 , and in my apinion
		death resulted fram: Natural causes 🚱 Accident 🔲, Suic	tide, Homicide, Undetermined manner
UTY MEI ITY, pleaseral directail be retail be retail priar to		ACTUAL BANK THE TOTAL !	CHIEF MEDICAL EXAMINER
		SIGNATUR LIMITAGE STATE OF THE	M.D. ASSISTANT MEDICAL EXAMINER Nov.10,19672. DATE SIGNED
	1	EXAMINER'S NAME (Type) Dr. Benedict Skitarelic, M.D.	DEPUTY MFDICAL EXAMINER Address (Street, city, town, or county) Rt.9 Cumberland
necessor the function of the f	2	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
		REMOVAL (Specity) Nov.12,1967 Sunset Memo:	rial Park   Cumberland Allegany Md.
VR ATSME SY		James F. Scarpelli, Cumberland, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
6M 1/67		oames r. bearpettt, ambettana, ma.	DATNOV 1 4 1961 June 3 2003

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14714

14703

CERTIFICATE OF DEATH

1										The second secon
	PLACE OF DEATH O. COUNTYALLE	GANY				2. USUAL RESIDENCE ( o. STATE	Where deceosed live RYLAND	red, if institution b. COUNTY		efore odmission)
H	L CITY OR TOWN /IF	autside corporate limit:		MARYLA  c. LENGTH OF STAY IN				the contract DUDA!		
	write RURAL and	give nearest town)	S,		ID	c. CITY OR TOWN (If or			and give ned	irest tawn)
		RLAND		IDAY			MBERLAN	ID		0/ /
	MEMOR	OR INSTITUTION (IF NO IAL HOSP	in haspital, g	give street oddress)		d. STREET ADDRESS	ECHANIC	ST.		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	FRANCIS	rst	A. Middle	D	I CK Lost	4. DATE OF DEATH	Month NOVE ME		Poy Year 1967
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	D 8	DATE OF BIRTH 18	98 9. AG	(In years	IF UNDER 1 YEA	
1	MALE	WHITE	WIDOWED	DIVORCED		11-26-1	898 (68)	BO yrs.	Months Doy	rs Hours Min.
10o dur	. USUAL OCCUPATION ( ing most of working life	Give kind of work done e, even if retired)		ND OF BUSINESS OR DUSTRY Railro	ad	11. BIRTHPLACE (County		country)	12. CITIZEN COUNTR	OF WHAT
13.	FATHER'S NAME	Christian	Dick			14. MOTHER'S MAIDEN	NAME Eliz <b>e</b>	beth H	edrick	
15. (Ye	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dates of	of service)	social security no. 5-05-4452		MORIAL H	OSPITAL	, CUME	BERLAN	ND, MD
		couse (o),	(o)	Quesaly	uje	earleit mi	Jarete	ga:		INTERVAL BETWEEN ONSET, AND DEATH
ATION	PART II. OTHER SIGI	NIFICANT CONDITIONS C	ONTRIBUTING T	TO DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200. ACCIDENT WAS U OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in	Port I or Port II o	f item 1B.)		
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Yeor	20d. IN While of work	Not While		E OF INJURY (Home, farr ry, street, office bldg., etc.		y or town)	(County)	(Stote)
	21. I certify saw the dec	thot (I) (this hos	pital) attend	ded the deceosed fr	rom nd that	deoth occurred of	198:550 M, fro	om couses on	_, 19(a), and on the d	that (I) (we) los late stoted obove
	22o. SIGNATURE	villa	- 82	James	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SI	
	22c. PHYSICIAN'S NAME (Type)	DR. WILL	IAM P.	. IAMES		CUMB E	RLAND,	MD.		
230	BURIAL, CREMATION REMOVAL (Specify) Burial		EREOF +,1967	23c. NAME OF CEMETI				ON (City or Town		,,
24	. FUNERAL DIRECTOR James 1		~	amberland,		250 RFC	D BY REGISTRAR	2Sb. REGIS	STRAR'S SIGNA	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-hours ofter deoth Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

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	122 S.HECHANIC ST.		Mile Hoselia	DV9H
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	8983) 2081-22-11		~ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1101
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			sold historical	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14704 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY and 3 to M3. Page Allegany Allegany. Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rawlings. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Along U. S. Rt. # Sacred Heart Hosp. in Item 18. Give Poges YES NO X 3. NAME OF 4 DATE DECEASED Melvin Lerou Dixon DEATH November (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF LINDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdov) Male. White WIDOWED DIVORCED Dec. 30. 1966 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Cumberland, Md.

14. MOTHER'S MAIDEN NAME dny None 13. FATHER'S NAME Melvin L. Dixon. Sr. Theresa Grogg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) removal Mr. Melvin L. Dixon, Sr. Rawlings, Md. None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY burial, cremation, or Acute Cardiac Failure: Hydrothorax IMMEDIATE CAUSE (o) This certificate should DUE TO Congenital Anomalies of Heart Conditions, if ony, which gove rise to immediate couse (o), (Patent foramen ovale: Patent DUE TO stoting the underlying couse ductus arteriosus: Aortic Stenosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES V NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) at work 21. I certify that I took charge of the remains described above, held an Autapsy [X]. Inspection X Inquiry X ond in my opinion death resulted from: Suicide . Natural causes Accident Homicide Undetermined manner 11/13/67 CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Rt. # DEPUTY MEDICAL EXAMINER **EXAMINER'S** Cumberland, Md. Benedict Skitarelic. M. D. NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 50 BREMDYAL (Specify) 11/16/67 Waxler Cemetery Dawson, Allegany Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME H. Wayne George Cumberland, Maryland

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and Sugarteer has been a

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14705

# CERTIFICATE OF DEATH

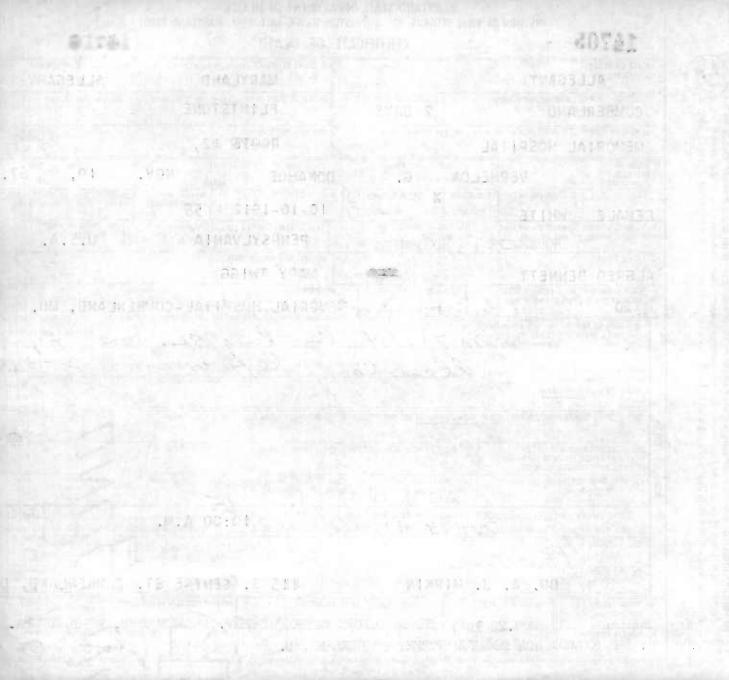
14716

	PLACE OF DEATH O. COUNTY ALLEG	ANY	MANUANA	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  o. STATE MARYLAND b. COUNTY ALLEGANY								
	b. CITY OR TOWN (If outside CUMBERLAN	de corporate limits,	c. LENGTH OF STAY IN 16  2 DAYS	c. CITY OR TOWN (If o	utside carporote limits, write RUR/							
•	d. NAME OF HOSPITAL OR		spital, give street address)	d. STREET ADDRESS	FE: #2,		e. IS RESIDENCE ON A FARM? YES 777 NO					
1	NAME OF DECEASED (Type or print)	VERNEL	DA G.	DONAHOE	4. DATE OF NOV.		hamal Card					
			ARRIED X NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In yeors 5 best birthdoy) yrs.	Months Days	IF UNDER 24 HRS. Hours Min.					
10o duri	. USUAL OCCUPATION (Give I ing most of working life, eve	kind of work done on if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (County & Stote, or foreign country) PENNSYL VAN I A  12. CITIZEN OF WHAT COUNTRY . A.								
	FATHER'S NAME ALERED BEN	NETT		MARY TW	····-							
IS. (Ye	WAS DECEASED EVER IN U.S. ss, no, of unknown) (If yes	s. ARMED FORCES? give wor or dotes of service	0)	MEMORIAL HOSPITAL-CUMBERLAND, MD.								
	PART I. DEATH WAS	CAUSED BY:	line for (o), (b), and (c).) me fastatic	Ca -le	ug, Skin, C		ERVAL BETWEEN SET AND DEATH					
	Conditions, if ony, which rise to immediate cous sloting the underlying	e (o), couse DUE TO	alono Ca	of les	of breast	2	3 yr					
IFICATION	PART II. OTHER SIGNIFICA	(c) ANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	- Page 1	WAS AUTOPSY PERFORMED?					
CERT	200. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU: (IF EITHER, NOTIFY MEDICA	SE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)		1111					
MEDICAL	20c. TIME OF INJURY Mo Hour o.m. p.m.	onth, Doy, Yeor		ACE OF INJURY (Home, for ctory, street, office bldg., etc.		(County)	(Stote)					
	saw the decease	at (I) (this haspital)	attended the deceased fram1967_, ond the	deoth occurred of	Do: od A Mouses of	ond on the date						
	220. SIGNATURE	Minster	in M	.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATE SIGN	ED					
	7	DR. A. J.		1115 S	CENTRE ST.		LAND, MC					
	BURIAL, CREMATION, REMOVAL (Specify) BURTAT,	NOV 22 9	23c. NAME OF CEMETERY OF SEVEN DOLORS		23d. LOCATION (City or Tow ENT) BEANS COL							
	FUNERAL DIRECTOR		ADDRESS THE STREET CLIMBER	2So. REC	D BY REGISTRAR 2Sb. REG	SISTRAR'S SIGNATUR	RE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the faneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages Fore should be detached for use as the burial, crematian, or remaval, and in any event, within 72 hours often page.

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

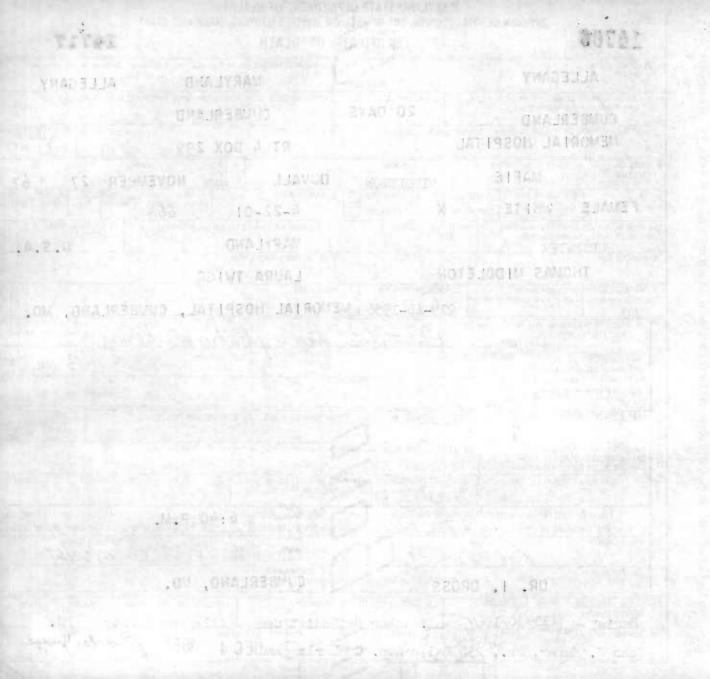
14706

CERTIFICATE OF DEATH

14717

	PLACE OF DEATH		CTATE	I count	on: Residence before odmission)
	o. COUNTY ALLEGANY	MARYLAND	o. STATE MARY	LAND b. COUN	ALLEGANY
t	D. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside c	orparate limits, write RUR	AL and give nearest tawn)
	write RURAL and give neorest town) CUMBERLAND	20 DAYS	CUMBE	RLAND	01.1
(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITA	AL.	RT 4 BO	X 299	YES NO
	NAME OF First DECEASED MAAD F	Middle		ATE Month	Doy Year
(	(Type or print)	MIDDLETON	DOVALL D	DEATH NOVEM	
	SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
		OWED N DIVORCED	4-22-01	66yrs.	
	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote	e, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		MARYLAND		U.S.A.
3.	FATHER'S NAME	TAN	14. MOTHER'S MAIDEN NAME		
	THOMAS MIDDLE		LAURA TW		
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of service		INFORMANT	Addres	
_	NO		EMORIAL HOSP	ITAL, CUME	BERLAND, MD.
I	<ol> <li>CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY:</li> </ol>	ine for (o), (b), and (c).)	0	1. 10, Va	INTERVAL BETWEEN ONSET AND DEATH
	1 ACLE 1 IMMEDIATE CAUSE (o)	Chrone	my mpan	the reals	mia
ı	Conditions if any which gave				3 mont
1	rise to immediate couse (a),				
	stoting the underlying couse (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(o)	19. WAS AUTOPSY
5	1	mia	THE TERMINAL DISCOSE CONDITION		PERFORMED? YES NO
CEKIIFICATION		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 18.)	/IS   NO   M
CEN	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	Hour 'o.m.	While of work of work	tory, street, office bldg., etc.)		
	21. I certify that (I) (this hospital)		11/7/67.196	40 P.M.	, 19, that (I) (we) la
	sow the deceased alive on //		it death occurred at	M, fram causes o	, 19, that (1) (we) li and an the date stated abo
	220. SIGNATURE	7	ATTENDING MED.	DIATO	22b. DATE SIGNED
	//(4)	NO4 M.		TOR PHYS.	11/28/67
	22c, PHYSICIAN'S NAME (Type)		22d. ADDRESS	ID IID	
	NAME (Type) DR. I. D	ROSS	CUMBERLAN	NU, NU.	
0	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY . 23	3d. LOCATION (City or Tow	vn) (County) (Stote)
	Burial 11/30/196	7 Mt. Tabor Met		Allegany Con	unty Md.
4	FUNERAL DIRECTOR CORD 7. 140	ADDRESS	2So. REC'D BY R	egistrar 25b. Rec	GISTRAR'S SIGNATURE
	John J. Hafer, Mr. 2	30 Balto Ave. Cum	berland Malle 6	t MOI 1.	1 6

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the funeral Roges TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. In the case of the control of the cont Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



14707

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14718

PLACE OF	DEATH						DENCE (V	here deceos	ed lived, if insti		ence befar	re admiss	ion)
a. COUNTY	ALI	EGANY		MAR	RYLAND	o. STATE	MAR	YLAND	D. CC	YTAUC	ALLEG	ANY	
	TOWN (If outside co		C.	LENGTH OF STAY	IN 1b	c. CITY OR TOW	VN (If our	tside carparo	te limits, write	RURAL and gi	ive neares	st tawn)	
	IRAL and give near FROSTBUR(			LIFE			FRO	STBURG	7			01	1
		TUTION (If nat in ho	spitol, give	Anna casa de como		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
25	6 E. MAII	N STREET				256	E. M	AIN S	TREET			YES	NO T
NAME OF DECEASED	int) F.	First MELVIN		Middle	EICH	Lost		4. DATE OF DEATH	NOVEME	onth EFR	Doy		67
(Type or pr	6. COLOR		ARRIED 🔼	NEVER MARRIE		B. DATE OF BIRTH			AGE (In veors	IF UNDE			R 24 HRS.
MALE	WH		DOWED [	DIVORCE		ULY 12,		- 1	birthdoy)	Manths	Doys	Haurs	Min.
oo. USUAL OCC uring most of E. T. T. R.E.	UPATION (Give kind working lite, even if SALE, SM	of work dane retired)		OF BUSINESS OR PLATE G	LASS	11. BIRTHPLACE	(County E		reign country)	U.	COUNTRY?	F WHAT	
13. FATHER'S	NAME					14. MOTHER'S	MAIDEN N	IAME					
FREDE	RICK R. E	ICHHORN				SOPHIA	REI	DLER					
IS. WAS DECE	ASED EVER IN U.S. AR	MED FORCES?	16. SOCI.	AL SECURITY NO.	17. 1	NFORMANT			Ad	ddress			
YES YES	(nown) (III yes give	wor or dates of servi	220-	-10-7466	MRS	. ELIZA	BETH	EICH	DRN, FR	OSTBUF	RG, M	D.	
rise to im stating t	s, if ony, which gov mediate cause (a le underlying caus	DUE TO	Sen	evaliga	on o	Tgiose	les	osis Les	o Qui	disc	0	Ra	N.
PART II.	OTHER SIGNIFICANT	(c)	BUTING TO D	EATH BUT NOT RE	ELATED TO	HE TERMINAL DIS	SEASE CON	DITION GIVE	N IN PART 1(a)			WAS AU PERFORM	TOPSY WED? NO
OR CONTR	ENT WAS UNDERLYING IBUTING ICAUSE O NOTIFY MEDICAL EX	FDEATH	20b. DESCRI	BE HOW INJURY (	OCCURRED.	Enter noture of i	injury in I	Port I ar Por	t II of item 18.)				
	OF INJURY Month Hour o.m. p.m.	, Day, Yeor 19	20d. INJUR While of wark	Not While at work		E OF INJURY (Ho ory, street, office b		, 20f.	(City or town)	(0	County)		(Stote)
	certify that (	) (this hospital) alive an	attended	the deceased	from_ and tha	death accur		4 A. N	a Nov I, fram cause	<u> </u>	the dat	hat (I) te state	(we) las d obave
22a. SIG	Tot	un 5	5. 8	)av	es, M.		A	MED. DIRECTOR	STAFF PHYS.	22b.	DATE SIGN	. /	57
22c. PHY	SICIAN(S AE (Type)	JOHN B. D	AVIS,	M. D.		22d. ADDR 2		ROADW	AY, FRO	STBURG	G, M	).	
23o. BURIAL,		23b. DATE THEREOF	] 2	3c. NAME OF CEA	METERY OR	CREMATORY		23d. LO	CATION (City or	Tawn)	(Caunty	y) (	Stote)
BURIA	(Specity)	11-13-67	5	ST. MARY	I'S CI	EMETERY		CI	JMBERLA"	ND, MD	).		
24. FUNERAL	DIRECTOR			ADDRESS		2		BY REGISTR	AR 2Sb.	REGISTRAR'S	SIGNATU		100
24. FUNERAL DIRECTOR  JOSEPH R. DURST, SR., FROSTBURG, MD. 21532  DATE NOV 1 1 1967  Clientes  25b. REGISTRAR'S SIGNATURE  DATE NOV 1 1 1967											32		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 22 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

The later management of the later with the later than 1997 and 199 A TAIL TAIL TO THE PARTY OF THE Valve C Barantin Carterin Street 

FOR STATE HEALTH DERIany delay is in pencil in Item 18. Give Pages 1, 2, and 3 to

5 may be retained far your files. Health prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

This certificate should be executed within 24 haurs after death. If

"pending"

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page VR A15ME (6)

CENT RESIDENCE	MEDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	14113
1. PLACE OF DEATH			Where deceased lived, if institution: Resid	dence before admissian)
o. COUNTY Allegany	MARYLAND	o. STATE Mar	yland b. COUNTY A	llegany
b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	utside carporote limits, write RURAL ond	give neorest town)
write RURAL ond give neorest town) Frestburg	8 days	Frosth	ourg	01-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Miner's Hospital		139 East	Mechanic Street	YES NO X
3. NAME OF First DECEASED (Type or print) Thomas	Middle J Eisentrou	Last	4. DATE Month OF November	Day Year 12 1967
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR   IF UNDER 24 HR
Male White	WIDOWED DIVORCED	7-31-82	lost birthdoy) Month	s Doys Hours Min
IOa. USUAL OCCUPATION (Give kind of wark dane during most of working lite, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY Mines	II. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Charles Eisentrout		Mary A	nn Fee	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	· Address	
(Yes, no, or unknown) (If yes give war or dates of se	214-01-3649-A M	iner's Hospi	ital. Frestburg.	Maryland
1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	per line for (o), (b), ond (c).)		ism, Massive	INTERVAL BETWEEN ONSET AND DEATH Days
Conditions, if any, which gave ) (b)	Commi	nuted Fractu	ure Left Radius	9 Days
rise to immediate cause (a), stating the underlying cause (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONT  20g. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING  CAUSE OF THE ATH	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES XX NO
20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I ar Part II af item 18.)	
PRIMARY TO ORTRIBUTING CAUSE OF DEATH.	Fell at home in	his vard		
20c. TIME OF INJURY Manth, Day, Year —	20d. INJURY OCCURRED 2 20e. PL	ACE OF INJURY (Hame, farr	m, 20f. (City ar town)	(County) (State)
3:00 p.m. 140v. 3 "01	While at wark While X Yar	ctory, street, office bldg., etc.	Frostburg, All	
21. I certify that I taak charge of		and the second s		
death resulted fram: Natural o	causes , Accident X, Su			
ACTUAL SIGNATUR BEAUCICE	Alteralia		DICAL EXAMINER	22. DATE SIGNE
EXAMINER'S NAME (Type)  BENEDICT SE	KITARELIC, M.D.	DEPUTY MEDIC Address (Stree	AL EXAMINER November of, city, tawn, or county) RD 9, C	12, 1967 umberland, M
230. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OF	RCREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
Burial Nov. 15	167 Fbg. Memoria	l Park	Frostburg, M	d. 21532
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
Joseph R. Durst, Sr.,	Frostburg, Md. 2	1532 DATENC	N 17 1967 Julia	ver judge

81101 Military and a small or a problem of attention of problems. 

my deloy is and 3 to PM3. Poge

in pencil in Item 18. Give Pages 1,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with

necessary, please execute the certificate, writing the word "pending"

5 moy be retained far your files.

VR A 15ME (5)

FOR STATE HEALTH DEPT.

t ment

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Depay

Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14720

14700

### MATRICAL EVANABILITRIC CERTIFICATE OF DEATH

Second Color of Race   Times   Middle   Lost   4. Date   Month   Doy   Year   Decard   NOV   12   12   19   Year   Decard   NOV   12   19   Year   Decard   NOV   12   19   Year   Decard   NOV   12   NOV   Year   Decard   NOV   12   NOV   Year   Decard   NOV   12   NOV   Year   Decard   NOV		73109		MIED	ICAL EXAMINI	CK 3	CEKTIFICA	IE UF	DEATH					
B. CHT OR TOWN (II outside carporate limits,	1.	a COLINITY					CTATE	,			NTV			n)
RFD 2 CUMBERLAND, MD.   G. & ESIDENT	1	A			MARYL	AND	U. STATE I	ARYI	AND	b. C00	AL	LEGAN	IY	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)  RFD 2 CUMBERLAND, MD.  RFD 3 COLOR OF AREA  RFD 2 CUMBERLAND, MD.  RFD 3 COLOR OF AREA  RFD 2 CUMBERLAND, MD.  RFD 3 COLOR OF AREA  RFD 2 CUMBERLAND, MD.  RFD 3 COLOR OF AREA  RFD 2 CUMBERLAND, MD.  RFD 3 COLOR OF AREA  RFD 2 CUMBERLAND, MD.  RFD 3 COLOR OF AREA  RFD 2 CUMBERLAND, MD.  RFD 3 COLOR OF AREA  RFD		b. CITY OR TOWN (If	outside carparate limits,				1	,			RAL and give	neorest 1	tawn)	
RFD 2 CUMBERLAND, MD.    RFD 2 CUMBERLAND, MD.   RFD 2 CUMBERLAND, MD.   RFD   NO NATION   RESIDENCE   NO NATION   Modele   Lost   State   Date   Deceased   No No   Lost   State   No No   Lost   State   No No   Lost   State   No No   Lost   State	1						RFD 2	CUME	BERLAND,	MD.			01	1
RFD 2 CUMBERLAND, ND.    RFD 2 CUMBERLAND, ND.   Yes   No.		d. NAME OF HOSPITAL	OR INSTITUTION (If not	in haspital, ç	give street address)							9	IS RESID	ENCE RM?
Decease   Permane   Perm	L	RFD 2 CUM	BERLAND, MD				RFD 2	CUMI	BERLAND,	MD.		YE	s 🔲	NO F
Fig. 2   F	3.											,		
PEMALE   WHITE   WHOUSE   DIVORCED   FEB. 23, 1908   59 yrs   100 USE   100 USENESS OR   11. BIRTHPIACE (Sinte or loreign country)   12 CHIZEN OF WHAT COUNTRY   13. FATHERS NAME (\$1.00 OF USENESS OR   11. BIRTHPIACE (Sinte or loreign country)   12 CHIZEN OF WHAT COUNTRY   13. FATHERS NAME (\$1.00 OF USENESS OR   14 MOTHER NAME   MARYTAND   COUNTRY   COU	L	(Type or print)							DEATH					
10b. KIND OF BUSINESS OR NOTES   11b. BIRTHPLACE (State or foreign country)   12 CITIZEN OF WHAT COUNTRY   13 FATHER'S NAME GLOSON   14 MOTHER'S MADE STARKEY   14 MOTHER'S MADE STARKEY   15 WAS DECEASED EVER BUS ARMED FORCES?   16 SOCIAL SECURITY NO.   17 INFORMANT   Address BALTIMORE PIK   18 CAUSE OF DEATH (Finer only one couse per line for (o), (b), and (c))   PART IL DEATH WAS CAUSED BY.   (c)   COPONARY   COLORRED   COPONARY   COLORRED   COPONARY   COLORRED   COPONARY   COLORRED   COPONARY   COLORRED   CAUSE OF DEATH (COUNTRY)   COLORRED   CAUSE OF DEATH (COUNTRY)   COLORRED   COPONARY   COLORRED   COPONARY   COLORRED   COPONARY   COLORRED   CAUSE OF DEATH (COUNTRY)   COLORRED   CAUSE OF DEATH (COUNTRY)   COLORRED   COLORRED   CAUSE OF DEATH (COUNTRY)   COLORRED   CAUSE OF DEATH (COUNTRY)   COLORRED   COPONARY   COLORRED   COLORRED   COPONARY   COLORRED   CAUSE OF DEATH (COUNTRY)   CAUSE OF	S.	SEX	6. COLOR OR RACE						Inct	(In years birthday)				24 HRS. Min.
CRESAPTOWN, MARYLAND   COUNTY	_													
14 MOTHER'S NAME   GIDSON JAMES   STARKEY   16 SOCIAL SECURITY NO.   17. INFORMANT   Address   BERTHA   McBEE   STARKEY   STARKEY   SWAS DECEASED EVER IN U.S. RAMED FORCES?   16 SOCIAL SECURITY NO.   17. INFORMANT   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND, MI   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. RFD 2 CUMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. GEORGE C. FEY SR. GEORGE C. FEY SR. RFD 2 COMBERLAND ALLES GOVERNDON   Mr. GEORGE C. FEY SR. GEORGE C.	10	a. USUAL OCCUPATION (	Give kind af wark dane					,					VHAT	
JAMES KXXXXXX STARKEY  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 214-05-7711 MR. GEORGE C. FEY SR. RFD 2 CUMBERLAND, MI  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  Coronary Occlusion  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  DUE TO  Conditions, if ony, which gave nise to immediate cause (o), storing the underlying cause lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PRIMARY I or Port II of item 18.)  CHIEF MEDICAL EXAMINER  200. THE OF INJURY Month, Doy, Year While of the or Not While of the o			OWNER"	''	MOTEL					AND		USA		
JAMES KXNKXXX STARKEY   BERTHA ( McBEE ) STARKEY	13	3. FATHER'S NAME G:	ibson											
Solution		JAMES K	XXXXXX STAR					RTHA	( McBEH					
State of Death (Enter only one couse per line for (a), (b), and (c), and	13	S. WAS DECEASED EVER:	IN U.S. ARMED FORCES?	ervice)										
PART I. DEATH WAS CAUSE OF IMMEDIATE CAUSE (a)  DUE TO  Conditions, if only, which gave is to immediate cause (a).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CAUSE WAS PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PERFORMED?  YES NO  200. EXTERNAL CAUSE WAS PERFORMED?  YES NO  19. WAS AUTOPSY PERFORMED?  YES NO  10. WAS AUTOPSY PERFORMED?	L			21	1-05-7711	MR.	GEORGE	C. I	EY SR.	RFD	2 CUM	BERLA	IND,	MD.
Coronary Sclerosis    Coronary Sclerosis   Conditions, if ony, which gove itse to immediate couse (a), stating the underlying cause lost.   DUE TO				per line for										
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Performed Page   Pa												Lin		
20c. TIME OF INJURY Manth, Day, Year    20d. INJURY OCCURRED   20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)   20f. (City or town) (Caunty) (State bldg., etc.)	ATION	PART II. OTHER SIGN	IFFICANT CONDITIONS COM	TRIBUTING 1	O DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISE	ASE COND	TION GIVEN IN	PART I(a)		P	ERFORM	ED?
21. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection X, Inquiry X, and in my apir death resulted fram: Natural causes X Accident, Suicide, Hamicide, Undetermined manner  ACTUAL SIGNATURE SI				20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter nature of in	jury in Po	rt I ar Part II af	item 18.)				
21. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection X, Inquiry X, and in my apir death resulted fram: Natural causes X Accident, Suicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X November 12, 196	MEDICAL	20c. TIME OF INJUR Hour a.m.		While	Not While				20f. (City	or town)	(Ca	unty)	(	State)
death resulted fram: Natural causes X Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE XAMINER X November 12, 196 Address (Street, city, town, or councemberland, Maryla 23d. BURIAL, CREMATION, REMOVAL, CREMATION, REMOVAL, CREMATORY COUNTERLAND ALLEGANY MD.  24 FILMERAL DIRECTOR ADDRESS ADDRESS ADDRESS SIGNATURE S			that I taak charae			ve, hel	d an Autapsy		Inspection C	. Ind	uiry 🛣.	and i	n my	apinia
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NOVember 12, 196  EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street, city, town, or coucumberland, Maryla  230. BURIAL, CREMATION, REMOVAL (Specify)  11, NOV 67 ROSEHILL CEMETERY  ANDRESS  ANDRESS  ASSISTANT MEDICAL EXAMINER NOVEmber 12, 196  Address (Street, city, town, or coucumberland, Maryla  230. BURIAL, CREMATION, REMOVAL (Specify)  11, NOV 67 ROSEHILL CEMETERY  CUMBERLAND ALLEGANY MD.									_	_		]		
SIGNATULE  EXAMINER'S  NAME (Type)  BENEDICT SKITARELIC, M.D.  Address (Street, city, town, or cou <b>Cumberland, Maryla</b> 230. BURIAL, CREMATION,  REMOVAL SPACING  11 NOV 67  ROSEHILL CEMETERY  ROSEHILL CEMETERY  CUMBERLAND ALLEGANY  MD.  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ASSISTANT MEDICAL EXAMINER  X November 12, 196  Address (Street, city, town, or cou <b>Cumberland, Maryla</b> County) (Stote)  CUMBERLAND ALLEGANY  MD.		1			10 -							•		
NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street, city, town, or cou <b>Cumberland, Maryla</b> 230. BURIAL, CREMATION, REMOVAL (Spacity)  230. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 231. LOCATION (City or Town)  (County)  (Stote)  CUMBERLAND ALLEGANY MD.  240. FUNDED DESCRIPTION  ADDRESS 240. FUNDED DESCRIPTION  ADDRESS 240. FUNDED DESCRIPTION  ADDRESS 241. FUNDED DESCRIPTION  ADDRESS 242. FUNDED DESCRIPTION  ADDRESS 243. FUNDED DESCRIPTION  ADDRESS 244. FUNDED DESCRIPTION  ADDRESS 245. FUNDED DESCRIPTION  ADDRESS 246. FUNDED DESCRIPTION  ADDRESS 247. FUNDED DESCRIPTION  ADDRESS 248. FUNDED DESCRIPTION  ADDRESS 248. FUNDED DESCRIPTION  ADDRESS 248. FUNDED DESCRIPTION  ADDRESS 249. FUNDED DESCRIPTION  ADDRESS			enedec		Selake	lee								
230. BURIAL CREMATION, REMOVAL CREMATORY  230. DATE THEREOF  230. NAME OF CEMETERY OR CREMATORY  231. LOCATION (City of Town) (County) (Store)  232. REMOVAL CREMATION, COUNTY CO		EXAMINER'S	DENTAGE		A DATE OF THE REAL PROPERTY.									
REMOVAL PAGE  11 NOV 67 ROSEHILI CEMETERY CUMBERLAND ALLEGANY MD.	-				-			(Street, o						
24 FILMEDAL DIDECTOR ANDRESS 250 PECTORY PERISTRAP 350 PECISTRAP 350 PEC	23												,	,
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

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			CERTIFIC	CAIL	I DEM				1	. Z .	re de	
1. PLACE OF DEATH	1			2		DENCE (Wh	ere deceas	sed lived, if institu		nce befor	re admissi	an)
a. COUNTY	ALLEGANY		MARYLA	ND	o. STATE	MARY	LAND	b. COU	NTY A	LLEG	ANY	
b. CITY OR TOWN	(If autside carparate limi	ts,	c. LENGTH OF STAY IN		CITY OR TOV	VN (If autsi	de carpora	ite limits, write RU	RAL and gi	ve neare:	st tawn)	
write RURAL	pnd give negrest town)		LIFE			FROS	TBUR	G			01-	-/
	PITAL OR INSTITUTION (If r	ot in hospital,		d	STREET ADD						e. IS RESI	
MINE	RS HOSPITAL					70 S	. WA	TER STRE	ET		ON A F	NO T
3. NAME OF		irst	Middle	- "	Last		4. DATE	Man		Day	Ye	GL.
(Type or print)	CLIF	TON		GEI	3		OF DEATH	NOVEME	ER	26,	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. [	ATE OF BIRTI	Н		AGE (In years			IF UNDE	
MALE	WHITE	WIDOWED	DIVORCED	I JU	LY 14,	1883	3	birthday)	Manths	Days	Haurs	Min.
	ON (Give kind of work dan	10b. K	IND OF BUSINESS OR	1	1. BIRTHPLACE	(County & S	State, ar fa	reign country)	12. 0	ITIZEN O	F WHAT	
luting most of worki	CARPENIER	SEL	PEMPLOYED		MA	RYLAN	D			OUNTRY?	Α.	
13. FATHER'S NAME				14	. MOTHER'S	MAIDEN NA	ME					
JOHN	GEIS				JUL	IA LA	PP					
IS. WAS DECEASED I	VER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. INFO				Addr	ess 11	1.7 B/	TAT A	C/III
(Yes, no, or unknow)	n) (If γes give wor or dotes	of service) 21	3-22-3099	MRS.	MILD	RED C	OAKTI	EY. FROS	TBURG	W.M	LAIN	ST.
18. CAUSE OF	DEATH (Enter only one co			^		1	4	, , , , , , ,		INT	ERVAL BET	
	EATH WAS CAUSED BY: IMMEDIATE CAUSI	11.	uocardu	n l	200	he	me	a		ON	SET AND I	DEATH
14201		E TO 0							(			
	ny, which gove	(b) Q	111105cl	0105	12	- 90	ren	coline	d		100	2
rise to immed stating the un	derlying cause DU	E TO				11		4			1	
last.	derrying coose	(c)				9						
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATI	ED TO THE	TERMINAL DIS	EASE CONDI	ITION GIVE	N IN PART 1(a)		19.	WAS AUT PERFORM	OPSY
ATIO		Dist.								Y	ES T	NO T
	VAS UNDERLYING	20b. DI	ESCRIBE HOW INJURY OCCU	URRED. (Ent	er nature of	injury in Pa	rt I ar Par	rt II af item 18.)				1
	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	7 20										
₹ 20c. TIME OF I	NJURY Month, Doy, Year	20d. I	NJURY OCCURRED 2		F INJURY (He		20f.	(City ar tawn)	(0	aunty)		(State)
Haur.	o.m.	While at war		foctory,	street, office b	oldg., etc.)						
21 1 cer	tify that (I) (this ha		ded the deceased fro	am We	N. 2	5 19	67 1	0 Mar. 2	6 . 190	57. th	nariii	we) lo
saw the	deceased alive an_	you.	26 19 67, an	d that de	eath accur	red at 1	MQCEIC	A, fram causes	and an	the dat	e stated	daba
22a. SIGNATU							-			DATE SIGN		
1	FYONN	les	A.	M.D.	ATTENDING PHYS.		ED. Irector	PHYS. C	11	. 2-5	3.6	)
22c. PHYSICIAI			0		22d. ADDR					4		-
NAME (Ty	pe) L.K.	MILE	S, JR., N	M. D,	101	1/AC	ONI	N6	MD	d	153	9_
230. BURIAL, CREMA		HEREOF	23c. NAME OF CEMETE	RY OR CRE	MATORY		23d. LC	CATION (City or To	own)	(County	()	itate)
BURIAT.	NOV.	29 167	FBG. MEMOR	RIAL I	PARK		FRO	OSTBURG,				
24. FUNERAL DIREC		ž.	ADDRESS			Sa. REC'D E		RAR 25b B	EGISTRAR'S	SIGNATU	RE	
JOSEPH	R. DURST, S	R., FRO	STBURG, MD.	215	32	MEC.	1 1	967	respons	A A	The same	-

signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban pagers. director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. shauld be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 12th **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been

VR A15 (4) 25M 1/67

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PM3. Page

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the Health prior to buriol, cremation, or remaval, and in ony event within 72 hours after deoth.

any delay is

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14711

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	CE OF DEATH					2. USUAL RESID	ENCE (W	here deceased li	ved, if institut b. COU		nce before	e admissio	n)
0. 0		EGANY		MARYL		o. STATE MA	RYLA	ND		AI	LEGA		
		f outside corporate limi	ts,	c. LENGTH OF STAY IN	16	c. CITY OR TOW	N (If auts	side carparate lir	nits, write RU	RAL and giv	e neares	I tawn)	
		Land		DOA MEMOR	EAL	IOSP.	C	UMBERLA	ND			01	- /
d. N	NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	give street address)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?			
D	OA MEMO	RIAL HOSPI	ral			22 MARI	ON_S	TREET			YES N		NO X
3. NAI	ME OF CEASED	F	irst	Middle		Last		4. DATE OF	Man	th	Day	Ye	ar
(Typ	pe ar print)	ROBER!	ra -	VIRGINAA	GO	LDEN		DEATH	NOV.	22		19	67
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		la	E (In years st birthday)	IF UNDER Manths	Days	IF UNDER Hours	24 HRS Min.
	EMALE	WHITE	WIDOWED	DIVORCED		FEB. 22,		) 14	Yrs.				
		(Give kind af work dane life, even if retired)		ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACI	E (State a	ar fareign cauntr	r)		TIZEN OF DUNTRY?		
		HOUSEWIFT		OUSEWIFE		CUMBE	RLAN	D. MARY	LAND		US/		
13. FA	THER'S NAME					14. MOTHER'S M	AAIDEN NA	AME					
	ROBE	RT C. STOT				VIRG	INTA	II DRAK	E II ST	OTLEE			
IS. W	AS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO.	17.	INFORMANT			Addr				
, N	O' o' o' mining min'	(ii jos givo ivai ai aaias	0, 50, 1,10,	NONE		MR. D.	HUGO	GOLDEN	22 MA	RION	ST.	CUME	ERX
16		ATH (Enter anly ane ca	use per line far	(a), (b), and (c).)								SET AND D	
		TH WAS CAUSED BY: IMMEDIATE CAUSE	(o)		COF	ONARY O	CCLU	SION				DDEN	CATH
	4201	DUI	E TO										
	nditions, if any		(b)			Coronar	y S	clerosi	S				
	se to immediat oting the unde		TO										
las	st.	)	(c)										
NOIL	ART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO	THE TERMINAL DISE	ASE CONE	DITION GIVEN IN	PART 1(a)			WAS AUTO PERFORM	OPSY ED? NO X
CERT!	Oo. EXTERNAL CA RIMARY  or CO AUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of in	njury in P	art I ar Part II o	f item 18.)				
MEDICAL 30	Oc. TIME OF INJ	JRY Manth, Day, Year n. 19	20d. II While	NJURY OCCURRED  Nat While at wark		ACE OF INJURY (Har tary, street, affice bl		20f. (Ci	ty ar tawn)	(Co	unty)		(State)
	21   certif	v that I tack chara	e of the rer	nains described ab	ave h	eld an Autansy	П	Inspection	Y Ina	uiry 🔼,	and	in my	opinic
	death resul	,		X. Alident .				Under			٦	,	-
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A	CTUAL IGNATURE	Denia	ech.	Skilas	ele	ASSISTA	ANT MEDIC	CAL EXAMINER [				22. DATE	
E	XAMINER'S IAME (Type)	BENEDIC	r skit	ARELIC, M.		DEPUTY	MFDICAL s (Street,	city, town, or co	Nove	mber	22,	1967	nd
23a. B	BURIAL, CREMATIC REMOVAL (Specify BURLA	23b. DATE THE 25 NC		23c. NAME OF CEMEN HTLLCREST		CREMATORY		23d. LOCATI	ON (City or To	iwn) ALLEG	(County)	) (S MARY	tate)
24. F	UNERAL DIRECTO	R		ADDRESS		25	a. REC'D	BY REGISTRAR	2Sb. R	EGISTRAR'S			
H	I. LEE S	STLCOX /10/1	DECATU	R ST., CUMBE	CRLA	ND MD.	TE N	OV 27	1967	FCLL	zula.	, Vec	400

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cumber Land 8/26/1966 Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM 77 Douglas Avenue Allegany County Infirmary 3. NAME OF Middle 4. DATE DECEASED (Type or print) Jessie T. Greene November IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) 8/9/1873 White Female WIDOWED T DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during mast of warking life, even if retired)
Housewife INDUSTRY COUNTRY? Louisville, Kentucky 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remayal, William Trezise Martha Eden 17. INFORMANT P.O. Box 599, Cumberland, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war or dates af service Allegany County Infirmary records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying couse etached far use as the Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? NOC 20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur 'o.m. factory, street, affice bldg., etc.) at wark 19.66, to 11/8/ 21. I certify that (1) (this haspital) attended the deceased from 8 19 67, and that death accurred at A. M, fram causes and an the date stated above. saw the deceased alived 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. X DIRECTOR PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN FUNERAL Memorial Hospital, Cumberland, Md. NAME (Type) DATE THEREO 28d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION. (County) REMOVAL (Specify) 2 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

14727

1.	PLACE OF DEATH		177		2.	USUAL RESIDENCE (	Where dece	ased lived, if institu		ce before	admission)	
L		ALLEGANY		MARYLAND		MARYI	LAND		AL	LEGAN	YY	
		(If outside corporate limit	ts,	c. LENGTH OF STAY IN 1b	C.	CITY OR TOWN (If or	utside corpo	rote limits, write R	URAL ond give	e neorest	town)	
	FRO	d give nearest town)		LIFE		FROS	TBURG	T.			01-1	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital,	give street oddress)	d.	d. STREET ADDRESS  e. IS RESIDEN ON A FARM						
	74 1	FROST AVENU	E			74 I	ROST	AVENUE		YI	ES NO	
3.	NAME OF DECEASED (Type or print)	F.	irst	Middle JOSEPHINE	НС	Lost LBEN	4. DATE OF DEAT	Mo NOVEMI		Doy 27,	Year 19 67	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7 8. D	ATE OF BIRTH		9. AGE (In years			IF UNDER 24 HRS.	
F	EMALE	WHITE	WIDOWED	DIVORCED	MA	Y 12, 187	76	91 yrs.	Manths	Days	Hours Min.	
10d	o. USUAL OCCUPATIO ring most of working HOUSEW I	N (Give kind of wark done lite, even if retired)		CIND OF BUSINESS OR NDUSTRY		I. BIRTHPLACE (County MARYT, ANT	& State, or f	oreign country)	CO	TIZEN OF DUNTRY?		
	. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
	JOHN S	METZGER				FLORENC	E KEI	TER				
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war ar dates	16.	SOCIAL SECURITY NO.	17. INFO				ress		800	
(4	'es, na, ar unknawn)	(It yes give war ar dates	at service)		MRS.	RICHARD H	OLBEN	I. FROSTE	RIIRG N	vn		
	Canditions, if on rise to immedio stoting the under lost.	y, which gave te cause (a), erlying cause	(b) (b) (c) (c)	eris - scl yperten enility JO DEATH BUT NOT RELATED	ero seo	TEDANNAI DISEASE CO	AID (TION CI)	COLLEGE VALUE OF THE SECOND	~	15	GAND DEATH  GAS AUTOPSY	
ATION	PART II. OTHER 3	Br	mel	wal as	the	necession of the second	NDITION OF	FEN IN PART I(0)		F	PERFORMED?	
L CERTIFICATION	(IF FITHER NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCUR	RED. (Ente	er nature of injury in	Port I or Pe	ort II of item 18.)				
MEDICAL	20c. TIME OF INJ Hour a.	URY Month, Doy, Yeor m. 19	20d. While of wo	e Not While		F INJURY (Home, forn street, affice bldg., etc.		(City or town)	(Co	unty)	(Stote)	
		i <b>fy</b> that (I) <del>(this ho</del> eceased alive an_		nded the deceased fran 2221967, and	m that de	ath accurred at		ta <u>//-2</u> M, fram causes				
	22o. SIGNATURE	1.	D, L	riche	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. [		ATE SIGNEI	-67.	
	22c. PHYSICIAN'S NAME (Type		IEHL, N					., FROST		MD.		
	o. BURIAL, CREMATI REMOVAL (Specif BURTAT,	NOV.				ARK	F	OCATION (CITY OF T ROSTBURG	, MD.	(County)		
2	4. FUNERAL DIRECTO			ADDRESS			D BY REGIS		REGISTRAR'S S		200	
	JOSEPH F	DURST. S	R. FRO	OSTBURG. MD.	215	32 DEC		1967   17	Mayer	A 2000	of a	

by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. thin 72 h Med **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely director, page 3 should be detached far use os the burial-transit permit. Then please remove carbot should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, where the state Dept. of Health prior to burial, cremation, or removol, and in any event, where the state Dept. of Health prior to burial, cremation, or removol, and in any event, where the state Dept. of Health prior to burial, cremation, or removol, and in any event, where the state Dept. of Health prior to burial, cremation, or removol, and in any event. Page 4 may be retoined by the hospital or attending physician.

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FOR STATE HEALTH DEP

PM3. Poge 2, and 3 to

in pencil in Item 18. Give Pages 1,

EXAMINER'S CERTIFICATE OF

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Res	idence before odmission)						
o. COUNTY	l·legany	V.Va. Mdrxx	o. STATE Marvland A.	llegany						
b. CITY OR TOWN	(If autside corparote limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and							
	id give nearest tawn)		McMullen Hwv	11.1						
		hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE							
LPowler 1801	का कि शिक्स	PG Translation -	R.F.D.3 Box 36 Rawling	ON A FARM? YES NO 5						
3. NAME OF	till The DOX	36 Rewlings	Lost 4. DATE Month	Doy Year						
(Type or print)	Virgini	a Rose	House DEATH Nov. 23.	1967						
S. SEX		MARRIED NEVER MARRIED	O DATE OF DIDTH	DER 1 YEAR   IF UNDER 24 HR						
Female	White	WIDOWED DIVORCED	Jan 19,1915 52 birthday) Month	Doys Hours Min						
	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign country) 12	COUNTRY?						
during most of working House Wi	Te	Home	Keyser, W. Va.	COUNTRY? U.S.A.						
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME							
Harry Sh	nerwood	Barrett	Nellie Gerard (El	izabeth)						
IS WAS DECEASED EV	(If yes give wor or dotes of se	16. SOCIAL SECURITY NO. 17	. INFORMANT Address							
No.	No	235-16-1491	Lewis T. House- (Husband)							
	DEATH (Enter only one couse	per line for (o), (b), ond (c).)		INTERVAL BETWEEN						
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CO	RONARY OCCLUSION	SUDDEN						
4201	DUE TO	0.4								
Conditions, if on		U	ORONARY SCLEROSIS							
stoting the und										
last.	) (c)									
PART II. OTHER S	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO						
200. EXTERNAL CO		20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Part II of item 18.)							
Hour o	JURY Month, Doy, Yeor .m. 19		LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	(Caunty) (State)						
21. I certi	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection 😿 , Inquiry 🐷 , and in my opinion									
	deoth resulted from: Notural couses X; Accident , Suicide , Hamicide Undetermined monner									
10	1.	(/2-	CHIEF MEDICAL EXAMINER							
ACTUAL	Donadiet	Seitarion /	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE						
EXAMINER'S NAME (Type)	Benedict	Skitarelic, M.I	DEDUTY MEDICAL EVAMINED TY	11-23-67 land, Md.						
23o. BURIAL, CREMAT	ION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)						
REMOVAL (Specific Burial			llow M Pank Warran M Wa							
24. FUNERAL DIRECT		ADDRESS	lley M. Park Keyser, W. Va	S SIGNATURE						
Jhen	-41	Ste On Warran	.W. Va. DATE NOV 27 1967 gel	arlas Judge						
		Le Ager	ON VAL	10						

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department

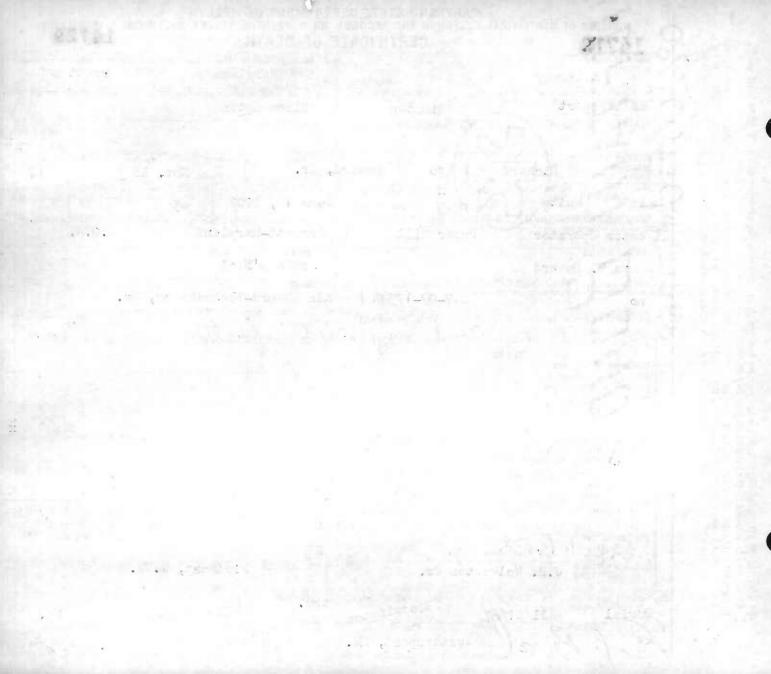
the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14731

	PLACE OF DEATH     O. COUNTY     Allegany     MARYLAND     b. CITY OR TOWN (If ausside carporate limits, write RURAL and give negrest town)     Cumberland     1/9/1960					D	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany					
						C.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Cumberland					
70	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Allegany County Infirmary					d.	d. STREET ADDRESS  515 Memorial Avenue  e. IS RESIDENCE ON A FARM? YES NO X					
		NAME OF DECEASED Type or print)	Fi		Middle Bernard	T F	Lost Kelley	4. DATE	Month	Do	oy Year	
	S. 1		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. D	ATE OF BIRTH 2/29/191	9. AGE (			IF UNDER 24 HRS.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY					1	11. BIRTHPLACE (County & State, or foreign country)  Cumberland, Maryland  12. CITIZEN OF WHAT  COUNTRY?  A.					
	James M. E. Kelley						14. MOTHERS MAIDEN NAME Amelia M. Beale					
3	1S. (Ye	was deceased ever s, na, or unknown) No	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service) 21	1-07-5457¢	17. INFO	RMANTP.O.B Legany C				Md.21502 cords.	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last.  ONSET AND D  ON								retur			
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  20d. ACCIDENT WAS UNDERLYING   20d. DESCRIBE HOW INJURY OCCURRED.					THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Part 1 or Part 11 of item 18.)					
		OR CONTRIBUTING (IF EITHER, NOTIFY /	CAUSE OF DEATH MEDICAL EXAMINER)					A. 20-1				
	MEDICAL	20c. TIME OF INJU Haur 'o.m p.m	10	20d. IN While of wark	Nat While		F INJURY (Home, farn street, office bldg., etc.		r town)	(County)	(State)	
											_, 19 <u>67,</u> d on the do	that (I) (we) last ate stated above.
	22a. SIGNATURE M. M.						ATTENDING PHYS.	MED. S DIRECTOR P	TAFF HYS.	22b. DATE SIG	S/1967	
		22c. PHYSICIAN'S NAME (Type)	George M	. Simor	ns, M.D.		22d. ADDRESS Memoria	1 Hospit	al,Cı	mberl	and, Md.	
	230. BURIAL, CREMATION, REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR  23b. DATE THEREOF  23c. NAME OF CEMETERY OR  ROSE Hill Ce							23d. LOCATION  Cumber:	Land, A		, Md.	
				O Balto	Ave. Cumb	erla	nd, Ma NUV	I 5 1967	geli	arles &	ndge:	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14732 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COLINTY a. STATE **b** COUNTY deloy is ond 3 to M3. Poge b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2, ond 3 Cumberland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENC Do ON A FARM? NO 4 IER: This certificate should be executed within 24 hours ofter death. I certificate, writing the word "pending" in pencil in Item 18. Give Pages nould be forwarded to the Chief Medical Examiner's Office olong with the ate 208 N. Center Street YES Sacred Heart Hosp. NAME OF DATE Year DECEASED (Type or print) DEATH Margaret Kenny Nov IF UNDER 1 YEAR S. SFX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGF (In years 7. MARRIED lost birthdoy) Months Days Hours ofter deoth. WIDOWED DIVORCED White June 2. 1884 poges lond 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? Nurse Lonoconing Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME within 72 hours 17. INFORMANT Edward Kenny

1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes give wor or dotes of service Miss Sadie Kenny Cumberland Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: DONSET AND DEATH buriol-transit event Hydrothorax Edema: Pulmonary IMMEDIATE CAUSE (o) DUE TO ony Anemia Shock: Canditions, if ony, which gove rise to immediate cause (a). \_\_ DUE TO stating the underlying cause 0 puo Bleeding Peptic Ulcer WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, PERFORMED? Fracture of Left Hip 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY ar CONTRIBUTING should L 0 Fell in Hallway of her home CAUSE OF DEATH. cremotion, MEDICAL 20d INIURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) (State) foctory, street, office bldg., etc.) Hour am While Not While may be retoined for your FUNERAL DIRECTOR: Page p.m. 10-20-6719 of work ot work Cumberland, Alleg. 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inquiry ( ), and in my apinian Inspection X. death resulted fram: Natural causes . Accident X. Suicide Hamicide Undetermined manner funeral director. CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior DEPUTY MEDICAL EXAMINER A November 20, 1967 **EXAMINER'S** Address (Street, city, town, or count@umberland. Marvland NAME (Type) SKITARELIC. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION. (Caunty) 2 11/23/67 St. Patrickss Cem. Mt. Savage Allegany **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Musika DATENOV 2 2 6M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film CERTIFICATE OF DEATH

	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	o. COUNTY	EGANY	MARYLAND	O. STATE ARYL	AND b. COUN	ALLEGANY				
	b. CITY OR TOWN (	If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Write KUKAL and	dive negrest town)	1 DAY	CUMBE	RLAND	0/=/				
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hospital, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	MEMORIAL HOSPITAL			610 M	ARYLAND AVEN	UE YES NO KX				
	NAME OF	First	Middle	Lost	4. DATE Month					
	(Type or print)	CANDACE	E.	KERNS	DEATH	EMBER 18 1967				
	EMALE	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 189 1-1-1897	9. AGE (In yeors lost-highdoy)	Months Doys Hours Min.				
	. USUAL OCCUPATION ing most of working House	life, even if retired) IN	ND OF BUSINESS OR DUSTRY Wn Home	11. BIRTHPLACE (County  LARGENT	& Stote, or foreign country)  W. VA.	12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	JOSEPH EATON	an jione	14. MOTHER'S MAIDEN MARY	NAME BORHOR					
15. (Ye	es, no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of service)		INFORMANT	Addres					
	NO   MEMORIAL HOSPITAL, CUMBERLAND, MD.  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN,									
		TH WAS CAUSED BY:	cresting loai	Tolacluso	12x + 6/1	ONSET AND DEATH				
	4200			Tech	1, 5	-40				
	Conditions, if ony	, which gove ) (h) Or	tenoclemot	y + Herho	tensive Hear	Those 10 cm				
	rise to immediat stating the unde	e couse (o), (		11/10						
	last.	) (c)								
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTING TO		THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  COB. DE	SCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJU Hour o.r	m. While	Not While for	ACE OF INJURY (Home, for ctory, street, office bldg., etc.		(County) (Stote)				
	21. I certify that (I) (this hospital) attended the deceased fram									
	220. SHOMATURE MED. STAFF 22b. DATE SIGNED N.D. PHYS. DIRECTOR PHYS. D									
	22c. PHYSICIAN'S NAME (Type	S.G.WEISMAN, N	1. D.	22d. ADDRESS 59 GREEN	NE ST., CUMBE	RLAND, MD.				
230	BURIAL, CREMATIC		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov					
	REMOVAL (Specify Burial	Nov. 21, 1967	Hillcrest			Md.Allegany C.				
24	1. FUNERAL DIRECTO	OR .	ADDRESS	2So. REC	D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE				
	Jam	es F. Scarpelli.	Cumberland.	Md. DATENO	1027 1964					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corgon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after the state of the state Dept. VR A15 (4) 25M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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VR A15 (4) 25M 1/67

# 14723

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14734

CERTIFICATE OF DEATH

7	CERTIFICATE OF DEATH						
the funeral	Male	1. PLACE OF DEATH  o. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE MARYLAND b. COUNTY ALLEGANY				
20	aurs du	b. CITY OR TOWN (If outside carporate limits, write RURAL and give necrest town)  CUMBERLAND  1HR &25MI	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
pers in		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  MEMORIAL HOSPITAL	d. STREET ADDRESS E I VES IN CORRIGANVILLA LISTE ESIDENCE ON A FARM?  RT. #1. HYNDMAN.PA. (MAIL ADDE) NO X				
THE OWNER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAME	within 72	3. NAME OF First Middle	Lost 4. DATE Month Doy Year				
pletel	event, v		OCKARD OF DEATH NOVEMBER 3 19 67  18 DATE OF RIGHT				
d comp	ın any eve	FEMALE 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED	11/12/94 lost 2/rthdoy) Months Doys Hours Min.				
the attending physician and completely filled in sit permit. Then please remave carbon papers	and in	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA				
physi en pl		13. FATHER'S NAME SMITH, RICHARD	14. MOTHER'S MAIDEN NAME  ,ELLA (Unknown)				
ding .	or remaval,		7. INFORMANT Address				
affen	n, or	No None	MEMORIAL HOSPITAL, CUMBERLAND, MD.				
the sit p	cremation,	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	O D INTERVAL BETWEEN ONSET AND DEATH				
signed burial-	priar ta burial, crei	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	otie rendiorbander deseare 10 y 15				
e 2 e	alth pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES NO				
certificate hed far us	r. of He	200. ACCIDENT WAS UNDERLYING   . 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FXAMINER)	D. (Enter noture of injury in Port'l or Port II of item 18.)				
this detac	ate Dept.		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)  20f. (City or town) (County) (State)				
R: A	the Stat		hat death accurred atM, fram causes and an the date stated above.				
SIRECTO PIRECTO P 3 sho	ed with	Walle Valle	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  M.D. PHYS. DIRECTOR PHYS.   1/17/67				
A P	d be till	22c. PHYSICIAN'S NAME (Type) DR. WILLIAM P. IAMES	441 N. CENTRE ST., CUMBERLAND, ME				
FUNER director,	shaulc	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Specify)					
	1	Burial Nov. 5, 1967 Sunset Memo	250. REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE				
VR A15 (4) 25M 1/67	31	William G. Kight Cumberland, Md.	DATE NOV 14 1961 general fundamental funda				
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31 THE THE TAKE THE THE THE TAKE THE CHALFRENCE CONTRIBUTE OF THE C COUNT LIAM LAW HAVORYH, T. TH COUNTRY OF TOTAL OF THE PROPERTY OF THE PROPER B. TOTAL Tarmore CLUB. Song on the tolerant of the state of the sta The versell graduation was larger to community the relation of ferrors. 

VR A15ME (5 6M 1/67

24. FUNERAL DIRECTOR George Eichhorn

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1967

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30.7 ex · Participation of the state of named bylad off name . . . . T. dandelt (Tenne Yank 1897) Mrs. Mary union, Michael, II. (eth) hotelshop transpol BIRLES CHERRY the same of the beautiful and the ALTER TO THE STATE OF THE PROPERTY OF THE PROP 

# 14725 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

Poge 4 moy be retoined by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14737

	PLACE OF DEATH O. COUNTY ALLE	GANY	MARYLAND		Where deceosed lived, if ins RYLAND b. 6	titution: Residence COUNTY ALL	before odmission) EGANY
	b. CITY OR TOWN (If out write RURAL and give CUMB		c. LENGTH OF STAY IN 16		tside corporate limits, write		neorest town)
	d. NAME OF HOSPITAL OF	R INSTITUTION (If not in hospital, Memorial Hosp.	give street oddress)	d. STREET ADDRESS 339 CITY	VIEW TER	RACE	e. IS RESIDENCE ON A FARM?X YES NO X
	NAME OF DECEASED (Type or print)	CAROLINE E F	Middle LORENCE	MARTIN		NO VEMBE	R 14 <sub>19</sub> 67
S.		COLOR OR RACE 7. MARRIED WIOOWED	4	8. DATE OF 18TH 8-22-84	9. AGE (In year 83"rthdoy	() Months D	/EAR   IF UNDER 24 HRS Doys Hours Min.
10o dur	. USUAL OCCUPATION (Giving most of working life, a	even if retired)	KINO OF BUSINESS OR NDUSTRY UN HOME	11. BIRTHPLACE (County &	Stote, or foreign country)		EN OF WHAT
13.	FATHER'S NAME  AMBROSE	RICKER		14. MOTHER'S MAIDEN N MARGARE	IAME T J. CONNERS		
15. (Ye	WAS DECEASED EVER IN U s, no, or unknown) (If ye No.	U.S. ARMEO FORCES? as give wor or dotes of service)	SOCIAL SECURITY NO. 17.	MEMORIAL H		ddress CUMBERL	AND, MD.
	Conditions, if ony, whirise to immediate coustoting the underlying last.	use (o), (	eteros leae	to Careles	Værale		
CATION	PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRIBUTING					19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20o. ACCIDENT WAS UND OR CONTRIBUTING ☐ CA (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in f	Port I or Port II of item 18.	)	
MEDICAL	20c. TIME OF INJURY I Hour o.m. p.m.	Month, Ooy, Yeor 20d. Whil 19 ot wo	e Not While fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)	, 20f. (City or town	n) (Count	ty) (Stote)
	21. I certify that (I) (this hospital) attended the deceased fram from 1967 to Month 1969, that (I) (we) las saw the deceased alive an 1969, and they death occurred bt: 45P M, fram causes and on the date stoted obove						
	220. SIGNATURE MEO. ATTENDING MEO. OIRECTOR PHYS. D 22b. OATE SIGNED / 1/16/67						
		ÓR. G. O. HA			RLAND, MD		
	BURIAL, CREMATION,  REMOVAL (Specify)	23b. OATE THEREOF 11/17/67	23c. NAME OF CEMETERY OF Hillcrest Bu	rial Park		and, All	
24	. FUNERAL DIRECTOR H. W	layne George C	unb. Md.	2So. REC'D	BY REGISTRAR 1967	. REGISTRAR'S SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14738

2 2 4			CERTITION	IL OI DEATH		
	COUNTY ALL	EGANY	MARYLAND	2. USUAL RESIDENCE O. STAMARY		institution: Residence before admission) b. COUNTY ALLEGANY
) b.	CITY OR TOWN (If our CUMBERLA	rside corporote limits, negrest town)	c. LENGTH OF STAY IN 16		outside corporote limits, w	rite RURAL and give nearest town)
d.		R INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	SSACHUSETT	e. IS RESIDEN ON A FARI
3. N.	AME OF ECEASED	MAZA	Middle G	MC COY	4. DATE OF	Month Doy Year
S. SE	Ype or print)  X  EMALE  6.	COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/22/188	9. AGE (In y last pirth	eors IF UNDER 1 YEAR   IF UNDER 24
	JSUAL OCCUPATION (Giv g most of working life, e	e kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or foreign country	
	FATHER'S NAME	MILLER	J. A. V. M. Sand And S. S. Agarda, about	14. MOTHER'S MAIDE		
15 1	WAS DECEASED EVER IN	J.S. ARMED FORCES? es give wor or dotes of se	rvice) 16. SOCIAL SECURITY NO. 1	7. INFORMANT MEMORIAL		Address  CUMBERLAND, MD
	PART I. DEATH W  3 3 4 X  Conditions, if ony, whirise to immediate co- stating the underlyin- lost.	IMMEDIATE CAUSE (o).  Ch gove use (o), g couse   OUE TO  OUE TO  (c)	arterios	clema	cere	by Tew
CATION	PART II. OTHER SIGNIF		RIBUTING TO DEATH BUT NOT RELATED  1 20b. DESCRIBE HOW INJURY OCCURR			YES NO
AL CERTI	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDI	AUSE OF DEATH CAL EXAMINER)	and the same of th		materials of plays high hypertension (August 1999) and the second second section (August 1999) as	are of
MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Yeor		PLACE OF INJURY (Home, f foctory, street, office bldg., e		own) (County) (Sto
	21. I certify to		al) attended the deceased fram	hat death accurred	12:49AMm (	, 19, that (I) (we auses and an the date stated o
	220. SIGNATURE.	Min	Tein	M.D. PHYS.	MED. STAF	F 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	R. SAMUE	MIRKIN	22d. ADDRESS 50 PE	RSHING ST.	., CUMBERLAND, MC
23o.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREO	23c. NAME OF CEMETERY CENTERVILLE	OR CREMATORY CEMT.		LE, BEDFORD PENN
24	FUNERAL DIRECTOR		ADDRESS	1 250 P	EC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove catban papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after the propers.

### MARYLAND STATE DEPARTMENT OF HEALTH

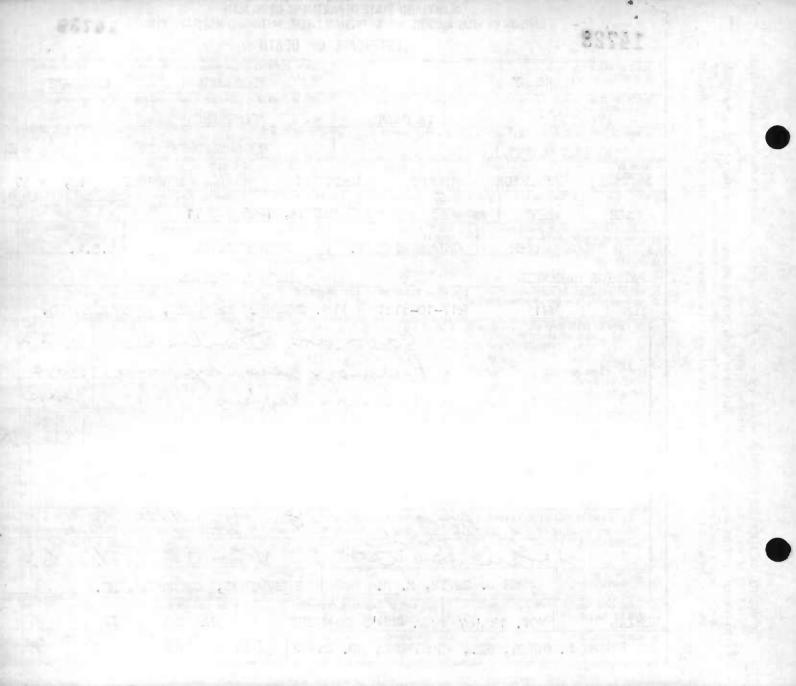
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14739

14728

### CERTIFICATE OF DEATH

		CERTITIONII	UI DEATH						
PLACE OF DEATH     a. COUNTY	ATTECANT		- CTATE	F COIII	nion: Residence before odmission)				
	ALLEGANY	MARYLAND	MA	RYLAND	ALLEGANY				
b. CITY OR TOWN	(If outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carparate limits, write RU	RAL and give nearest town)				
FRO	STBURG	1½ DAYS		DSTBURG	01-1				
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hospital	, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?				
MIN	ERS HOSPITAL		73	ORMOND STREET	YES NO K				
3. NAME OF DECEASED	First	Middle	Last	4. DATE Man	th Day Year				
(Type ar print)	PATRICK F	ROBERT MCK	ENZIE	DEATH NOVEME					
S. SEX	6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	Manths Doys Haurs Min.				
MALE	WHITE WIDOWEL	DIVORCED	MAY 14, 1896	5 71 yrs.	Mannis Doys Huors Min.				
10a, USUAL OCCUPATIO		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?				
ETTRED TR	UCK DRIVER C	ELANESE CORP.	PENNSY	LVANIA	U.S.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
PATRICK	McKENZIE		RACHEI	HUTZELL					
IS. WAS DECEASED EN	/ER IN U.S. ARMED FORCES?	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess				
YES	(If yes give war ar dates at service)	17-10-6121 M	RS. GERTRUDA	E MCKENZIE, FR	OSTBURG, MD.				
	DEATH (Enter anly ane cause per line f	ar (o), (b), and (c).)	- ~	y ' n	INTERVAL BETWEEN				
26 13 10 10 11	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Card	ac 7	Tolluge	ONSE AND DEATH				
4500	DUE TO	00		0	110				
Conditions, if on rise to immedia		Tellus	vy en	physen	a years.				
stating the und		7.	001	-	you.				
last.	(c)	aveno	salevo	uo	fore				
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
CATIO					YES NO				
	AS UNDERLYING   G  CAUSE OF DEATH  20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 1B.)					
	Y MEDICAL EXAMINER)								
20c. TIME OF IN			ACE OF INJURY (Hame, farm		(Caunty) (State)				
WE	10	le Not While at wark	idiy, sileer, prince bidg., etc.						
	tify that (I) (this hospital) ofte	nded the deceased fram_	11/32	196/ to 11/11	2, 196_ That (I) (we) las				
	saw the deceased alive on								
22a. SIGNATURI	1.0	RANK	ATTENDING A	MED. STAFF	22b. DATE SIGNED				
	John	Dr Wall	.D. PHYS.	DIRECTOR L PHYS. L	11/10/62				
22c. PHYSICIAN NAME (Typ		VTS. M D	22d. ADDRESS	WAY, FROSTBURG	מער ב				
· · ·									
230. BURIAL, CREMAT	ful .	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	, , , , , , , , , , , , , , , , , , , ,				
	110111		METERY	GARRETT CC					
24. FUNERAL DIRECT		ADDRESS FROSTRURG MD	21532 250. REC	D BY REGISTRAR 1967 2Sb. RI	EGISTRAR'S SIGNATURE				
O CO EL	Tr. Tr. DOINT, DR.,	THOUTDONG, PD.	DATE	1 1	00				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14740 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest tawn) write RURAL and give negrees town, MD. 9 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ve carbon poper event, within 72 ON A FARM? SACRED HEART 106 DECATUR ST. YES NO X 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED OF NOVEMBER MC MILLAN FRANK 1967 (Type ar print) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 9. AGE (In years last-highday) Haurs MALE WHITE 10-7-97 buriol, crematian, or removal, and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT ottending physician opermit. Then please during most of warking life, even if retired)
RAILROADING INDUSTRY RAILROAD COUNTRY? ALLEGANY CTY., MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES Mc Millan MERLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na ar unknown) (If yes give war ar dates of service) 705-09-3519 HOSPITAL RECORD 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physician. signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO this certificate 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) While at wark Haur a.m. factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 11-9 . 1967 1967, and that death accurred at saw the deceased olive on M, from couses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, poge should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CALVIN HADIDIAN ALGONQUIN HOTEL, CUMBERLAND, MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Burial Nov.21,1967 Frostburg Memorial Park Frostburg, Md. Allegany 250. REC'D BY REGISTRAR DATE NOV 2 2 1 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 SCARPELLI FUNERAL HOME Mayes CUMBERLAND, MD.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

工部491		CERTIFICATE	OF DEATH		16250	
PLACE OF DEATH     O. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution land b. COUNTY	Residence before odmission) Allegany	
	f outside carporate limits, l give negrest town)	c. LENGTH OF STAY IN 16 2/9/1967		side corparate limits, write RURA		
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos ny County In	pital, give street oddress) firmary	d. STREET ADDRESS Rout	e #1	e. IS RESIDENCE ON A FARM? YES NO 🔀	
3. NAME OF DECEASED (Type or print)	First Anna		Mellott	4. DATE Month OF November		
s. sex Female	6. COLOR OR RACE 7. MAR WIDO	TOTAL METERS IN THE STATE OF TH	8. DATE OF BIRTH 1/24/1894		Months Doys Hours Min.	
100. USUAL OCCUPATION during most of working Housew	(Give kind of work done life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	Somerset	Store, or foreign country) County, Pa.	12. CITIZEN OF WHAT UOUNTRY?	
13. FATHER'S NAME	Herman Hoss			Fechner	21502	
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of service			ox 599, Cumber unty Infirma		
	e couse (o),	ne for (o), (b), ond (s).)  Boute len  Ontonio Se	elerosis	eulas actio	INTERVAL BETWEEN ONSET AND DEATH Source 1920ers	
OLAN PROPERT WA	Etro Mally	TING TO DEATH BUT NOT RELATED TO  Ob. DESCRIBE HOW INJURY OCCURRED.	EU09. L9/t	hani plegia	12466 19. WAS AUTOPSY PERFORMED? YES NO	
(IF EITHER, NOTIFY	n.		CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(County) (State)	
21. I certi	21. I certify that (I) (this haspital) attended the deceased fram Feb. 9, 1967, ta Nov. 29, 19196 fat (I) (we) losaw the deceased alive an Nov. 29, 1967, and that death accurred at P. M, fram causes and an the date stated above.					
220. SIGNATURE-	John a	Topper M.	ATTENDING	MED. STAFF PHYS.	22b. DATE SIGNED  DEC 1-1967	
NAME (Type 230. BURIAL, CREMATIO	dohn. A.	1660EX V23C. NAME OF CEMETERY OR	Memorial	Hospital, Co	(County) (Stote)	
REMOVAL (Specify Buria	Dec. 2	1967 Pale Alte	Comptery 250. RECT	Hyndmon P	a. Bedford County (Store)  STRAR'S SIGNATURE RI	
	H. Zeigler,	710 011200	DEC	7 1967 goli	arles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by me to director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14732 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay is and 3 to M3. Page o. COUNTY o. STATE b. COUNTY Allegany W.Va. Mineral death MARYLAND rtment b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Cumberland Keyser State Depe d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with form POLICE Memorial Hospital --- DOA Item 18. Give Pages YES X NO Rt. 24 haurs after death. 3 NAME OF Middle Lost 4. DATE November DECEASED the Walter Metcalf (Type or print) within DEATH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthdoy) Months Dovs Hours 7 Dec 1911 White Male WIDOWED DIVORCED event N 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Car Inspector **INDUSTRY** COUNTRY? Railroad West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Margaret Ellifritz Jacob Metcalf File pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) ar remayal. RD 2 WW 11 Yes 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: Coronary Thrombosis. Right IMMEDIATE CAUSE (o) writing the ward This certificate shaufd crematian, DUF TO farwarded ta the Conditions, if ony, which gave Coronary Intimal Hemorrhage rise to immediate couse (a). DUE TO stoting the underlying couse D Coronary Sclerosis, Marked burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO certificate, YES 🕶 pe agent, prior ta 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. MEDICAL 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page at work at work designated 21. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection X Inquiry X and in my opinion Natural causes XI. Accident Homicide | deoth resulted from: Suicide . Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX November **EXAMINER'S** 5 may to FUNER Health of SKITARELIC, M.D. BENEDICT Address (Street, city, town, or county herland Maryland 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Antioch, 7 Nov 1967 Mineral W. Va. Thrush 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Ochanles Ju Keyser, W. Va. DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14734 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 6HRS 10MIN ELLERSLIE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)

MEMORIAL HOSPITAL e. IS RESIDENCE ON A FARM? d. STREET ADDRESS P.O.BOX 48 CHURCH ST. hin 3. NAME OF First Middle Last 4. DATE Manth × DECEASED DONAL D ARTHUR MILLER NOVEMBER 1967 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF 81RTH last birthdoy) Hours 2-28-1967 WHITE MALE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 11. 8IRTHPLACE (Caunty & State, or foreign cauntry) during most of warking life, even if retired) COUNTRY? INDUSTRY CUMBERLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, BARBARA J. BOHN DAVID A. MILLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address None MEMORIAL HOSPITAL. CUMBERLAND. MD. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: neumonia IMMEDIATE CAUSE (a) **'O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO lews Syndrome burial, Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause this certificate has been 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? Health NO YES dr 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or tawn) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) Nat While at wark ot work 21. 1 certify that (1) (this haspital) attended the deceased fram. . 19 . that (1) (we) last 19 \_\_ ta. 19\_\_\_\_, and that death accurred a6: 50 PM/fram causes and an the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) ROBERT J. 500 GREENE ST. CUMBERLAND MD. DAWSON 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL, CREMATION, (County) Buffalo Mills, Pa. NOV.8, 1967 BURTATY Lybarger Cemetery 24. FUNERAL DIRECTOR RECD BY REGISTRAR 96725b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 HARVEY H. ZEIGLER. HYNDMAN. PA.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 14745 14735 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. STATE o COUNTY ALLEGANY ALLEGANY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) nours of FROSTBURG FROSTBURG 3 DAYS e. IS RESIDENC d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) papers. ON A FARM? within 72 217 W. MAIN STREET YES NO X MINERS HOSPITAL the death certificate be executed within 3. NAME OF Middle Lost 4 DATE Year First remave carban physician and campletely DECEASED NOVEMBER 67 MINNICK LULU 19 DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS S SEX NEVER MARRIED B. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED last birthday) Hours Davs FEMALE WHITE WIDOWED DIVORCED FEB. 19, 1900 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? U.S.A. during most of working life, even if retired)
HOUSE WORK MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CLARA MCKENZIE PETER CATON 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service) MRS. ETHEL MCKENZIE, RT. 2, FROSTBURG, MD. NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ACRTE POSTERIOR MYCARDIAL INFARTION that PRTERIOSCHEROTIC HEART DISEASE Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K YES [ for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur a.m. TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 62.27, 1967, to 71.21, 1967 that (I) (we) last saw the deceased alive an 62.31 1967 and that death accurred at 6:22 M, fram causes and an the date stated abave. 22b. DATE SIGNED 22g. SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S STRONG, 167 E. MAIN ST., FROSTBURG, MD. NAME (Type) directar, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) GARRETT COUNTY, MD. NOV. 3, 1967 MCKENZIE CEMETERY 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 1967 JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 DATE NOV 6

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 hirth cert. 14748 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY o. STATE b. COUNTY ALLEGANY BARY! AND ALLEGANY MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and pive magrast town) 8 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS ON A FARM? SACRED HEART HOSPITAL 316 CUMBERLAND STREET NO XX NAME OF First Middle 4. DATE Lost Manth Day Year DECEASED MARGARET NAVE 19 67 02 Car DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 3. 9. AGE (In years NEVER MARRIED Months Hours FEMALE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY 35A during mach of working life reven if retired) INDUSTRY CUMBERLAND, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, ALFRED ZALMAN / Zihlman STELLA ( DURST) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na Johnnknawn) (If yes give war ar dates af service HOSPITAL RECORD. 200 SETON DR., CUMB., MD. cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cerebrat vascular accident (cerebral or attending physician. DUF TO <tem in Conditions, if any, which gave rise to immediate cause (o), DUF TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) duodeval ulu with obstruction with vagotomy+ gastrojejunostrayrEs NO X 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) factory, street, affice bldg., etc.) Haur o.m. Nat While ATTENDING O FUNERAL DIRECTOR: After 2). I certify that (1) (this hospital) attended the deceased from 10 - 25 1967, to 11- 2, 1967, that (1) (well as be retained 19 67, and that death accurred atto: ISPM, fram causes and on the date stated above. saw the deceased alive on\_ 11-2 22g. SIGNATURE 22b. DATE SIGNED STAFF 11-2-67 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ANDREW STASKO, M.D. 401 DECATOR STREET, CUMB., M D. 21502 director, p 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City or Town) (Stote) 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Milantes DAN DV 6

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14739 CERTIFICATE OF DEATH er death. within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH the funero o. COUNTY o. STATE b. COUNTY ALLEGANY COUNTY ALL FGANY MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) DAY FROSTBURG popers. hin 72 b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled in 83 W. COLLEGE AVE SACRED HEART HOSPITAL NO X 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED 19 67 OF DEATH NOVEMBER DANIEL HUGH NOLAN (Type or print) The law requires that the death certificate be executed S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years birthdoy) Hours 5-13-06 WHITE MALE buriol, cremotion, or removol, and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or forming of the NY 12. CITIZEN OF WHAT POST OFFICE physician o during most of working life, even if retired) COUNTRY? FROSTBURG, MD. COUNTY USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHAEL NOLAN (DURKIN) ELLEN 900 SETON DROWSE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 213-44-2035 HOSP. RECORD, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit 6 ONSEE AND SEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physician. 40 YEARS DUE TO RHEUMATIC HEART DISEASE Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the certificate has been State Dept. of Health prior to (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from , that (I) (we) last director, page 3 should should be filed with the 19 67, and that death occurred at saw the deceased alive an M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF 11-17-67 4 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. RALPH BALLIN 62 GREENE ST. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. BUR LAL (Specify) FROSTBURG, MD. 11-20-67 ST. MICHAEL'S CEMETERY 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 57 FROBETS AVE 2So. REC'D BY REGISTRAR VR A15 (4) DURST FUNERAL HOME Ochanlas Judge FROSTBURG, MD. DATE NOV 2

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

UE	KIIFICALE OF DE	АІП	14190
1. PLACE OF DEATH a. COUNTY Allegany	2. USUAL RE a. STATE	SIDENCE (Where deceased lived, If institution b. CDUNTY Maryland	
		OWN (If outside corporate limits, write berland,	RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv	e street address) d. STREET ADI		e. IS RESIDENCE ON A FARM?
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DECEASED	Alddle Last	4. DATE Month DF DEATH November	Day Year 30 19 67
(Type or print) Harry Sta	MARRIED 1 8. DATE DE BIR		
Male White WIDOWED	DIVDRGED March 27	1899 68 vrs.	UNDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done under his business of working life, even if retired)  INDUSTRY	SINESS OR 11. BIRTHPL	ACE (County & State, or foreign country)  ptown Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		S MAIDEN NAME	
George W. Oss		ie Winters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unkown) (If yes give war or dates of service) 705-05-		a A. Oss 306 Laing	Ave. Cumb. Md.
gave rise to immediate cause (a), stating the underlying cause last.	Malmis	MINAL DISEASE CONDITION GIVEN IN PA	Z-78672
20a ACCIDENT WAS LINDERLYING TO 20b. DESCRIBE		ature of Injury In Part I or Part II of I	YES ND X
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCC Hour a.m. p.m. 19 at work at w	/hile factory, street, office	bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) attended the de saw the deceased alive on 30.3	ceased from Let	ed at 12 17 0, from the causes an	nd on the date stated above
22a. SIGNATURE Clays. Son	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Clay E. Durrett, M.	, D. 236 V.	irginia Ave. Cumber	
Burial 12/3/67 Hil	ame of cemetery or cremator Ucrest Burial Pa	rk Cumberland,	Allegany Md.
24. FUNERAL DIRECTOR AD		5a. REC'D BY REGISTRAR   25b. REG	
H. Wayne George Cumberland, N	d. Di	ATE DEC 4 1967 80	harles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14741 CERTIFICATE OF DEATH 16258 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 10 HRS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 7 WESTVIEW TERRACE NO KX NAME OF Middle DATE First Last Month Doy Year remove carban DECEASED (FRED) FREDERICK S. PALMER NOVEMBER 30, 67 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE IX 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Hours MALE WHITE 11-10-10 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) and attending physician sermit. Then please ANESE ALLEGANY, MARYLAND USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or remayal, CHARLES PALMER ANNA DECKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, Openknown) (If yes give war or dates of service HOSP ITAL permit. HOSPITAL CHART CUMBERLAND, MD INTERVALS BANGES 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: signed by the burial-transit Canditians, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause the haspital or attending WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) ot work **DIRECTOR:** After Page 4 may be retained by 1967 ta 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. - 30 - 1967, and that death accurred at saw the deceased alive an M. fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR directar, page shauld be filed 22c. PHYSICIAN'S ST., CUMBERLAND, MD. 21502 NAME (Type) RICHARD E. SCHINDLER, MD 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Cem. Cumberland Allegany Md. Dec.4.1967 SS. Peter & Paul 24. FUNERAL DIRECTOR 9 2Sb. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, VR A15 (4) 25M 1/67

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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- N.E.	CENTITICATE	OI PLAIN
and	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
l and dear	o. COUNTY ALLEGANY	O. STATE MARYLAND b. COUNTY ALLEGANY
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Pages Pages urs oft	b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neorest town)	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
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ve car event,		B. DATE OF BIRTH  9. AGE (In yeors I FUNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
no n	FEMALE WIDOWED DIVORCED	10/17/95 lost by 20y Months Doys Hours Min.
cian and co ease remo and in any	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)   12. CITIZEN OF WHAT
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lea	HOUSEWIFE HOME	14. MOTHER'S MAIDEN NAME
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	NO NO 214-07-0380B ME	MORIAL HOSPITAL, CUMBERLAND, MD.
by the att transit per crematian,	18. CAUSE OF DEATH (Enter only one couse per time for (a) tot, and (a).	O O INTERVAL BETWEEN
the sit p natic	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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ar lea	200. ACCIDENT WAS UNDERLYING \( \text{1} \) 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port II or Port II of item 1B.)
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the pt.		
this certi detached e Dept. al		CE OF INJURY (Home, form, ory, street, office bldg., etc.) (City or town) (County) (Stote)
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Affre be Sto	21. I certify that (1) (this haspital) attended the deceased from 4	17/67 19 to 11/19/6719 /that (1) (We) last
the the	saw the deceased alive an, and that	death occurred at 4.5 15M Worn causes and an the date stated above.
E & E	220. SIGNATURE	22b. DATE SIGNED
¥ 3 €	AT MILES	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI
i je je	PS PHYSICIAN'S	22d. ADDRESS
P be be	NAME (Type) DR. R.J. WILLIAMS	122S.CENTRE ST., CUMBERLAND, MD.
TO FUNERAL DIRECTOR: After this ce director, page 3 should be detaches shauld be filed with the State Dept.	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR O	CREMATORY . 23d. LOCATION (City or Town) (County) (Stote)
rec hat	REMOVAL (Specify)	
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R A15 (4)	24. AUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land2 with the State De

Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

Page

### MARYLAND STATE DEPARTMENT OF HEALTH . PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

## MEDICAL EXAMINER'S CERTIFICATE OF

14753

	ACE OF DEATH					. USUAL RESIDENC	E (Where deceo	sed lived, if instituti		e before	odmissi	on)
0.	COUNT	Allegany		MARYL	AND		arvland	b. coun	legan	V		
b.		(If outside carparate limits, and give nearest tawn)		c. LENGTH OF STAY IN	1b (	. CITY OR TOWN (If	f outside corpore	ote limits, write RUR			town)	
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	AME OF ECEASED	First		Middle		Lost	4. DATE	Month	1	Doy	Уe	ar
	ype or print)	Ada		Bell_		Parker	DEATH	November	. 2	9		67
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	g most of working	N (Give kind of work done life, even if retired)		ID OF BUSINESS OR BUSTRY		11. BIRTHPLACE (St			COU	ZEN OF NIRY?	TAHW	
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		II 03			- 2							
15 1	WAS DECEASED DV	Henry Clem ER IN U.S. ARMED FORCES?	1 16 0	OCIAL SECURITY NO.	17. INF		ice Daw	SON				
(Yes,	no, or unknown)	(If yes give wor or dotes of ser	rvice)	OCIAL SECURIT NO.				1100.0				
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	4-01	DUE TO										
	Conditions, if ony				Coron	ary Scle	erosis				_	
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	ast.	(c)										
_	PART II. OTHER S	IGNIFICANT CONDITIONS CONTE	RIBUTING TO	DEATH BUT NOT RELA	TED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(o)		19. V	VAS AUT	OPSY
ATION										YES	ERFORM	NO TO
X	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DES	CRIBE HOW INJURY OCC	URRED. (Ent	er noture of injury	in Port I or Par	t II of item 18.)				
= -	20c. TIME OF INJ Hour o.	URY Month, Day, Yeor m. 19	20d IN. While of work	Not While		OF INJURY (Home, for street, office bldg., e		(City or town)	(Coun	ity)	(	Stote)
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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3	NAME OF DECEASED (Type or print)	Fi B	ABY	Middle G I RL		PEARY	4. DATE Month OF NOVEMBER			Doy Year 7 19 67		
S	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	[X] B	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1		UNDER 24 HRS.	
	FEMALE	WHITE	WIDOWED	DIVORCED		11-4-67		lost birthdoy) yrs.	Months	Days H	Min.	
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo	reign country)		ZEN OF WI	TAT	
0	during most of working life, even if retired) INDUSTRY					MEYERSDA		PA		WIKT?	USA	
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				1.41	
L		PAUL JAM		ALICEN	11 CHO							
1	<ol><li>WAS DECEASED EVE Yes, no, or unknown)</li></ol>	R IN U.S. ARMED FORCES? (If yes give wor or dotes of		NFORMANT		Add						
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	1B. CAUSE OF DI PART I. DEAT	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).) KES P()	nas	bry 7	aile	, he			AL BETWEEN AND DEATH	
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CEPTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in	Port I or Por	rt II of item 1B.)	103			
MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. IN While of work	Not While		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Cou	nty)	(Stote)	
		fy that (I) (this has eleased alive an_		ded the deceased f	ram nd that	death accurred at	94:10	a MARom causes	and an th	_ , that e date s	(I) (we) last tated abave.	
	220. SIGNATURE	eller	DI	racel	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNED		
	22c. PHYSICIAN'S NAME (Type)	DR. ROBE	RT BRO	DELL		500 GRE	ENE	ST., C	UMBERL	AND	, MD.	
2	30. BURIAL, CREMATIC			23c. NAME OF CEMET		REMATORY .	1	OCATION (City or T	-	County)	(Stote)	
-	Burial	1VOV. 1	1967	Addiso	n	1 05 5		ddison	Som a		Pa	
	24. FUNERAL DIRECTO		70	ADDRESS	200		BY REGISTI		REGISTRAR'S SI		wige "	
L	H. Lee S	ilcox 404	Decatu	r St. Cumb	• Md	DATE NC	IV 13	1001	7		U	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled on the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hadrs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pas shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	73630	CERTIFICATE	OF DEATH	*	2100				
	PLACE OF DEATH  COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (VO. STATE MARY	Where deceosed lived, if institution: Resi	dence before odmission) ALLEGANY				
ŀ	o. CITY OR TOWN (If autside corporate limits, write RIPA) and rive Aener town)	c. LENGTH OF STAY IN 16 49 DAYS		tride corporate limits, write RURAL and ERLAND,	give neorest town)				
(	I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp  MEMORIAL HOSPITAL	ital, give street address)	d. STREET ADDRESS  126 VIRGINIA AVE.,  126 VIRGINIA AVE.,  126 VIRGINIA AVE.,						
1	NAME OF First DECEASED JOSE PH	Middle H	PENROD	4. DATE Month OF NOVEMBI	ER 18, 19 67,				
S. S	MALEE WHITE WIDO	WED DIVORCED	DATE OF BIRTH 9-25-1897	Jost birthdoy) Month					
duri	ng most of working life, even if retired) Clerk	Ob. KIND OF BUSINESS OR INDUSTRY Railroad	CUMBERLA	ND. MD.	COUNTRY?				
13.	GEORGE H. PENROD		GERTRUDE						
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. IN ME	MORIAL HO	SPITAL O CUMBEI	RLAND, MD.				
	18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)		Jauna Circh	•	interval between onser and death of months  1 1/2 mus  Years				
ATIDN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED. (I	nter nature of injury in	Port I or Port II of item 1B.)					
MEDICA	Hour 'o.m.		OF INJURY (Home, form ry, street, office bldg., etc.)		(County) (Stote)				
	21. I certify that (I) (this hospital) a			7:40, from Muses and ar	967, that (I) (we) la the date stated above DATE SIGNED				
	22c. PHYSICIAN'S DR. ANDREW NAME (Type) DR. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Slusko M.D. V STASKO WRRENVXX	ATTENDING PHYS. 22d. ADDRESS 44	MED. DIRECTOR D STAFF DIRECTOR PHYS. DI DECATUR ST.,	CUMBERLAN CHANDENDLAND				
	BURIAL (REMATION, REMOVAL (Specify) Burial  ROV.20,19	23c. NAME OF CEMETERY OR C	urial Park	23d. LOCATION (City or Town)  Cumberland. M	(County) (Slote)				
24.	FUNERAL DIRECTOR	Cumberland, Md.	2So. RECT	BY REGISTRAR 196756. REGISTRAR	STIGNATINE BALLY				

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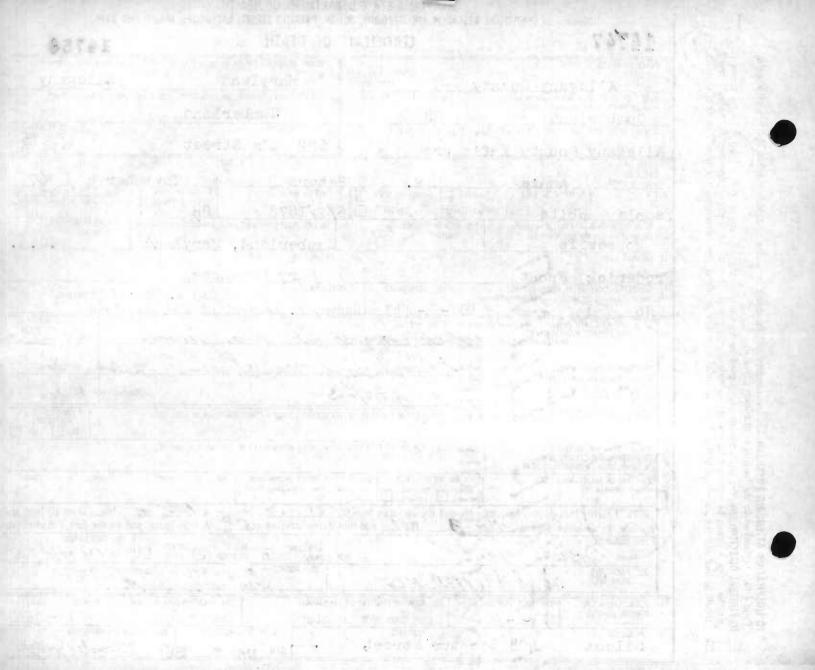
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14747 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. SIAI Maryland b. COUNTY a. COUNTY Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS WITHER paper and campletely filled Elm Street 622 Allegany County YES NOX Infirmary within DON 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED 1857 November Peters DEATH and in any event, (Type or print) Annie remaye car the death certificate be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED st birthday) Manths Days Haurs DIVORCED WIDOWED Female White 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired)
Housewife INDUSTRY COUNTRY? Cumberland, Maryland
14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME crematian, ar remaval. Mary Drewnoski Frederick Frost 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 613 N. Second Street permit. (Yes, ng, grunknawn) (If yes give wor or dates of service No 217-5/1-65/13 LaVale, Maryland Harvey F. Peters INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY The law requires that IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending as the FUNERAL DIRECTOR: After this certificate has been with the State Dept. of Health priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION far use NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED Hour a.m. Not While foctory, street, affice bldg., etc.) at wark at work pe 196/, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram 22 28, 1965 1967, and that death accurred at M, fram causes and an the date stated above. saw the deceased glive an May 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 11-6-67 Greenmount Cemetery Cumberland Allegany Maryland 0 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4 404 Decatur Street Cumb . Md Silcox Mianes Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14748 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Allegany o. COUNTY o. STATE delay is and 3 to Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA Frostburg Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS form and in Item 18. Give Pages YES NO X Miners Hospital 62 Aspinall Street hours ofter death. 3. NAME OF Middle with the Ste within 72 h 4 DATE Month DECEASED Catherine Pfaff Cecilia DEATH November r 25 IF UNDER 1 YEAR 19 67 (Type or print) 9. AGE (In years 6. COLOR OR RACE 7. MARRIED XX 8. DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED White Female 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY dny word "pending" in pencil in the Chief Medicol Examiner's Housewife Home Maryland US 13. FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME be executed within Barbara Knapp ond Benjamin Quinn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) or removol, 215-26-9578 C. Robert Pfaff 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Peritonitis, generalized IMMEDIATE CAUSE (o) This certificate should writing the word buriol, cremation, DUF TO Ruptured diverticulum of Sigmoid Conditions, if ony, which gove rise to immediate couse (a). forwarded to DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO please execute the certificate, its designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy 🟋 Inspection X, Inquiry X and in my opinian the funeral director. Undetermined manner death resulted from: Natural causes X Accident Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER [X] November 25, 1967 Heolth or **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or contimberland, Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) 50 Burial (Specify) Md. 11/29/1962 Eckhart Methodist Cemetery Alleg Eckhart 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 280 Bayto Ave. Cumberlandon MOV 29 VR A15ME Milanles John J. Hafer.

FOR STATE HEALTH DEPT. 2, and 3 to PM3. Page

in Item 18. Give Pages

This certificate shauld be executed within 24 haurs after death.

Page 4 shauld be farwarded to the Chief Medical Examiner's Office along

writing the ward

in any event within 72 haurs after death.

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may be retained far your FUNERAL DIRECTOR: Page

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George Eichhorn

MARYLAND STAJE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14749 14758 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Allegany Maryland o, STATE b. COUNTY Allegany
c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Cumberland c. LENGTH OF STAY IN 1b R-F-D- Frostburg. Md. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Memorial Hospital YES NO Y NAME OF Middle 4. DATE Month Doy Year DECEASED OF DEATH Poland 11/26/1967 George (Type ar print) AGE (In years last birthday) IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Hours Male White WIDOWED X 10/30/1879 DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of warking life, even if retired) Miner COUNTRY? **INDUSTRY** Barton, Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Manuel Poland Nancet Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Martha Glime, Frostburg, Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) (Daughter) PART I. DEATH WAS CAUSED BY: Pulmonary Edema IMMEDIATE CAUSE (a) DUE TO Chronic Myocarditis Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Arteriosclcrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Fracture of right hip NO XX 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell at home 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) factory, street, affice bldg., etc.) Hour a.m. Nov. 17 19 67 While at work A at work Rt.1 Frostburg, Alleg. Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X ond in my opinion deoth resulted from: Notural couses Accident X. Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX November 26, 1967 **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or Oumberland, Maryland NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial 11/28/1967 25a. REC'D BY REGISTRAR 25b. KEGISTRAR'S SIGNATURE Memorial Park
ADDRESS 24. FUNERAL DIRECTOR

Lonaconing, Md.

1967

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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ed v	L	(Type or print)	JAMES		H.		PORTER		DEATH			2,	19	67
amplet ve car event,	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		8. DATE OF BIRTH			9. AGE (In years Polast birthdoy)	IF UNDER Months	Doys	Hours I	Min.
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fica ysic ple al, o	13	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
eath certific anding phys nit. Then p ar remaval,		WILLI	AM PORTER				SARA	AH MA	TTHE	IS				
th ding	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates of	16. 50	CIAL SECURITY NO.	17.	INFORMANT			Addr	ess		100	
ne death certificate b attending physician permit. Then please ion, ar remaval, and	10	NO NO	(IT yes give war ar dates o	220	-10-2712-	T MR	S. HAZEI	KEE	DY. I	FROSTBURG	MD.	21	532	
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equires the physician signed by burial-trail burial-trail		Conditions, if ony,	which gove	(b) Cor	PARTE	A-	V BL	ock				-1-7-	2.1	
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e law re tending us been as the prior ta		lost.	)	(c) Apri	ERIOSCH	ER	otic 17	FAF	24 I	)(SEAS	2	1	42.	
	2	PART II. OTHER SI	GNIFICANT CONDITIONS C									19.	WAS AUTO	PSY D2
IAN: The all ar aft icate ha far use Health p	ATIO											YE		NO A
rsician: The aspital ar atte certificate has hed far use a pt. af Health pr	CERTIFICATION	20o. ACCIDENT WAS		205. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature of i	injury in P	art I ar Pa	ort II of item 18.)		-	1111	
HYSICIA haspital s certifice rched fa spt. af H			CAUSE OF DEATH MEDICAL EXAMINER)											
s PHYSIC the haspi this certi detached e Dept. a	MEDICAL	20c. TIME OF INJU	JRY Manth, Doy, Year		URY OCCURRED		CE OF INJURY (Ho		20f.	(City ar tawn)	(Co	unty)	(5	State)
te C	ME	Haur a.n	10	While at wark	Nat While at wark	fac	tory, street, affice b	oldg., etc.)	3 4					
by the After be done State		21. I certi	fy that (1) (this hos	pital) attende	ed the deceased	fram_	1c7.23	, 19	962	to hov.	2, 19_	<u>دع,</u> th	at (I) (v	ve) last
ATTENE stained TOR: A shauld ith the		saw the de	eceased alive an_	Nov. 1	19 67.	and the	t death accur	rred at_		M, fram causes	and an t	the date	stated	abave.
OR ATTENIOR be retained DIRECTOR: Age 3 shauld led with the		22a. SIGNATURE	0 .	La			ATTENDING		MED.	CTAEE		DATE SIGNI		
OR be r		61	Poure.	Allo	rq	M.	D. PHYS.	PK	DIRECTOR	STAFF PHYS.	no	v. 2	,19	67
ay be at Dilay be page e filed		22c. PHYSICIAN'S			1		22d. ADDR							
		NAME (Type)	No IALUE	STRONG				E.		ST., FRO		li, N	D	
Page 4 no FUNER director,	23	BURIAL, CREMATIC	ON, 23b. DATE THE	EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	17 6	23d. L	OCATION (City or To	iwn)	(Caunty)	(Str	ate)
5 5 5 2 V		REMOVAL (Specify BURIAL		167		EMET				CKHART, M	D.			
VR A15 (4)	2	. FUNERAL DIRECTO	R		ADDRESS			Sa. REC'D			EGISTRAR'S			
20 M 1/64		JOSEPH	R. DURST.	SR. FR	OSTBURG.	MD.	0	ATELLOS	10	1007 0	Clim	1 an V	noge	-

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# FOR STATE HEALTH DEPT Page any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to Jo

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land2 with the State Department

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the ward "pending"

5 may be retained far yaur files.

VR A15ME (5)

10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14761

		11160	TOTAL EXPONENTIAL OF	CERTIFICATE O	- June 1		
1. PLACE OF DEATH o. COUNTY Allegany  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland  1. PLACE OF DEATH o. COUNTY  MARYLAND  6. LENGTH OF STAY IN 1b  15 years			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  o. STATE Maryland b. COUNTY Allg •				
			c. CITY OR TOWN (If outside corporote limits, write RURAL ond give neorest town)  Cumberland				
	OSPITAL OR INSTITUTION (IF	, , ,		d. STREET ADDRESS	~		e. IS RESIDENC ON A FARM
D. 0	. A. Memoria	alHospit	tal	45 Main	St., Potomac	Park	YES NO
3. NAME OF DECEASED (Type or prin	t) ]	First Burr	Middle William	Powell	4. DATE M OF DEATH	Nov.	Doy Year 6 19 67
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 15, 19	1	) Months	Doys Hours N
during most of w	PATION (Give kind of work do orking life, even if retired) us Driver		ND OF BUSINESS OR PUSTRY Transit		ille, W. Va.	(0)	IZEN OF WHAT USA
13. FATHER'S N		s Powell		14. MOTHER'S MAIDEN Est	NAME ella Powers		
1S. WAS DECEAS (Yes, no, or unkn	ED EVER IN U.S. ARMED FORCE own) ((If yes give wor or dote O	S? 16. S s of service)		informant s. Hazel Po	owell, Poton	ddress nac Par	k, Wife
	OF DEATH (Enter only one  I. DEATH WAS CAUSED BY: IMMEDIATE CAU		(o), (b), ond (c).) <b>Corona</b>	ry Occlusi	.on		INTERVAL BETWEEN SUCCESSION OF THE SUCCESSION OF
Conditions.		UE TO	Cor	onary Scle	rosis		
rise to imm	ediate couse (a)	(b) UE TO (c)					
PART II. OT	HER SIGNIFICANT CONDITION	CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY CAUSE OF D	NAL CAUSE WAS For Contributing   EATH.	20b. DES	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)		
	OF INJURY Month, Doy, Yeor our o.m. p.m.	20d. IN While of work	Not While fo	ACE OF INJURY (Home, forn ctory, street, office bldg., etc.		) (Cou	unty) (Stote
21. 1	ertify that I taok cha	rge of the rem	nains described obove, h	eld on Autopsy	Inspection x, Ir	nquiry 🕱,	ond in my opin
death			Accident , Sui	cide , Hamicide	Undetermined	manner _	
SIGNATURE EXAMINER NAME (Typ	5 D- P	dict Ski	Kitarele	DEDUTY MEDIC	DICAL EXAMINER NOT  AL EXAMINER   t, city, town, or county)		
23o. BURIAL, CR			23c. NAME OF CEMETERY OF		23d. LOCATION (City or		(County) (Stote)
Buria	Pecify) Nov.8		Sunset Memo	orial Park	Cumberland	1, Md.A	llegany
James		7 ÷ Com	ADDRESS berland. Ma.			REGISTRAR'S SI	GNATURE CILLER
OctineD	I. Dearber	II, oum	berland. Ma.	DATE	UV A ISON	The Company	Con Marie

13724 Park to an and a manufactured and the state of the same and and the same of the s etimus eigh the Deliver of the prince selfer by the contract by Vo. Lievor and and Mrs. Massi - public, Johnson and . Wife The state of the s Darwary Saleronia and the state of the state of the state of ξ - ω Brance me 1.78 .C. .. against youthings .. au TOTAL LANGE OF THE PROPERTY OF · a removable . Morning . . .

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14762

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b COUNTY W. Va. Mineral Allegany MARYLANO b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Ridgeley d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Carpenters Addition YES NO IX D. O. A. Memorial Hospital 3. NAME OF 4. DATE DECEASED (Type or print) Nov. George DEATH Harry Powell IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED 1 9. AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH last birthday) Manths Male White WIOOWEO [ OIVORCED July 5, 1909 58 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR re Industry during most of warking life, even if retired)
Mill Worker COUNTRY? USA Augusta, W. Va. 13. FATHER'S NAME James H. Powell Virginia Saville 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service Mr. Richard D. Powell, Wiley Ford, W. Va. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Sudden OEATH PART I. OFATH WAS CAUSED BY Occlusion Coronary IMMEDIATE CAUSE (a) **OUE TO** Coronary Sclerosis Conditions, if any, which gave rise to immediate cause (a), OUE TO stating the underlying cause 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY C or CONTRIBUTING C CALISE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Oay, Year Haur a.m. factory, street, affice bldg., etc.) at wark 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection . Inquiry 3 and in my opinion Notural causes . Accident . Suicide , Homicide Undetermined manner death resulted from:

ACTUAL SIGNATURE

23b. OATE THEREOF

Dr. Benedict Skitarelic, M.D.

ASSISTANT MEDICAL EXAMINER 11-15-1967 DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county) Rt.9 Cumberland 23d. LOCATION (City ar Tawn) (County)

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

EXAMINER'S

NAME (Type)

23o. BURIAL CREMATION,

BMOVAL (Specify) Nov.18,1967 23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery ADDRESS

2Sa. REC'D BY REGISTRAR OATE NOV 2 2

CHIEF MEDICAL EXAMINER

Augusta, W. Va.

22. DATE SIGNED

FOR STATE HEALTH DEPT

deloy is

24 hours after death.

MEDICAL EXAMINER: This certificate should be executed within

P. C.

e, writing the word "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Exominer's Office olong with farm

poges I and 2 with the State Depo

any event within 72 hours ofter death.

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3 should cremation, or

O FUNERAL DIRECTOR: Page

Health

the funeral director.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14754. 14763 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death funeral ding. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY O. STATE MARYLAND b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give regress LAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 22 DAYS LONACONING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7 CHURCH STREET SACRED HEART NO MARY NAME OF 4. DATE FRANCES ROONEY Month 6 DECEASED (Type or print) 200 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) WHITE FEMALE 5-10-26 or remaval, and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stone of Breigh Nuntry COUNTY 12. CITIZEN OF WHAT during most of working life, even if retired) H HAUSTRY COUNTRY? please DEPT. LONACONING. MARYLAND USA physician 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LAWRENCE ROONEY MARGARET (FLYNN) 17. INFORMANT Address 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give wor or dotes of service) 213-24-6586 HOSPITAL RECORD, SETON DRIVE, CUMB., MD. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) -transit CONGESTIVE HEART FAILURE WONDEK AND DEATH PART I. DEATH WAS CAUSED BY: signed by burial-trans IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO CONGENITAL VALVULAR HEART DISEASE 41 YEARS Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO TX MARFAN'S SYNDROME After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (1) (this hospital) attempted the deceased fram director, page 3 shauld should be filed with the O FUNERAL DIRECTOR: and that death occurred at M, fram causes and on the date stated abave. saw the deceased\_alive on. 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 202 2AD CREENE 6T. CUMBERLAND, MD. 21502 22c. PHYSICIAN'S NAME (Type) R.W. BALLIN, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burial

REMOVAL (Specify) /1967 Marys Cemetery Lonaconing. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Otherna Judge 1967 George Eichhorn Lonaconing, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14765

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

CEPTIFICATE OF DEATH

	CENTIFICATE	OI DEATH					
	PLACE OF DEATH  O. COUNTY ALLEGANY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  o. STATE MARYLAND  b. COUNTY ALLEGANY					
t	b. CITY OR TOWN (If outside corporate limits, write PURAL endoverneerest town)  ISHRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  MEMORIAL	d. STREET ADDRESS 711 MONTGOMERY AVE., e. IS RESIDENCE ON A FARM? YES \( \sum \text{NO} \)					
1	NAME OF DECEASED MARY VIRGINIA (Type or print)	SHIRCLIFF 4. DATE NOVEMBER 17, 19 67.					
S. F	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  WHITE WIDOWED DIVORCED	DATE OF BIRTH  12-23-1913  9. AGE (In yeors lest birthdoy) 53 yrs.    FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Doys   Hours   Min.					
θο. uri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  Housewife  Own Home	11. BIRTHPLACE (County & Stote, or foreign country)  MARYLANDCUMBERLAND COUNTR'S . A.					
13.	FATHER'S NAME WILLIAM GARRETT	14. MOTHER'S MAIDEN NAME MYRTLE HECK					
		MORIAL HOSPITAL - CUMBERLAND, MD.					
	18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:  1	I Januar Loge I day in R. Lang Zaday					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE	PERFORMED? YES NO					
	20o. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I or Port II of item 18.)					
MEDICAL		E OF INJURY (Home, form, yet) (City or town) (County) (State) (State) (State)					
	21. I certify that (I) (this hospital) attended the deceased fram Mrs. 15, 1977, to 1967, that (I) (we) las saw the deceased alive on 17, 1967, and that death accurred at M, fram causes and an the date stated above						
	220. SIGNATURE  M.D. ATTENDING   MED.   STAFF   22b. DATE SIGNED  ATTENDING   DIRECTOR   PHYS.   22b. DATE SIGNED						
	22c. PHYSICIAN'S NAME (Type) DR. CLAY E. DURRETT	236 VIRGINIA AVE., CUMBERLAND, MI					
	BURIAL (REMATION, REMOVAL (Specify) Nov.19,1967 Hillcrest B	urial Park Cumberland Allegany Ma					
24	FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md	2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14757 14766 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTHIDEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany Allegany Maryland 9 ge MARYLAND deloy c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, poges 1 and 2 with the State Departmen P.M3. write RURAL and give nearest town)
Cumberland Cumberland years d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MINER: This certificate should be executed within 24 hours ofter death. If a the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 4 should be forwarded to the Chief Medical Examiner's Office olong with form 00 913 Louisiana Avenue 913 Louisiana Avenue NO X NAME OF Middle 4. DATE Last Manth Day Year DECEASED 0F 67 Smith 24 William Nov. Peter DEATH (Type or print) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 50 last birthday) Manths Days Hours White Feb. 27, 1917 hours after deoth WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Thoms, W. Va. Railroad USA Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruby Bergstrom Frank Smith File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address within 72 buriof-tronsit permit. (Yes, na, ar unknown) (If yes give war ar dates af service) Mrs. Diane Smith. Cumberland. Md. Wife no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) STANDERVENTEATH event PART I. DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (a) DUE TO any Sclerosis Canditians, if any, which gave Coronary rise to immediate cause (a). L DUE TO 0 stating the underlying cause 0.5 be used o 19. WAS AUTOPS) removal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should 0 PRIMARY ☐ or CONTRIBUTING ☐ MEDICAL EXAMINER: CAUSE OF DEATH cremation. 20d. INJURY OCCURRED (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) Poge Not While at work Inspection X Inquiry XX 21. I certify that I took charge of the remains described above, held on Autopsy , ond in my opinion may be retained for FUNERAL DIRECTOR: funeral directar. Natural couses X, Accident , Suicide . Undetermined monner deoth resulted from: Homicide CHIEF MEDICAL EXAMINER Nov. 24, 196722. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR prior O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Health Address (Street, city, town, or counQumberland. Md. Benedict Skitarelic, M.D. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, (State) 50 REMOVAL (Specify) REMAINS TAKEN TO ANATOMICAL BOARD OF MD BALTIMORE MD UNIVERSITY FUNERAL DIRECTOR Melanter VR A15ME (5) 6M 1/67

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MANAGERY STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14758 CERTIFICATE OF DEATH 14767 after deoth E SE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours CUMBERLAND 12 DAYS CUMBERLAND, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 314 COLUMBIA STREET YES NO V The low requires that the death certificate be executed within 3. NAME OF Middle 4 DATE Day Year DECEASED OF DEATH (Type ar print) HELEN STAPLETON -07 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Manths Days WIDOWED burial, crematian, or removol, and in any FEMALE DIVORCED 3-9-87 WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home COUNTRY? physician HOUSEWIFE WESTERNPORT. MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys permit. Then p Mc Partland JOHN MARY ( HALFPENNY 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor ar dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 214-05-6181 HOSPITAL RECORD - 200 SETON DRIVE, CUMB. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

APLASTIC ANEMIA INTERVAL BETWEEN signed by the burial-transit p ONSET AND PEATH IMMEDIATE CAUSE (a) by the hospitol or attending physician. DUF TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or use CORONARY INSUFFICIENCY NO K ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) foctory, street, office bldg., etc.) Not While ot work **DIRECTOR:** After 5 - 20 21. I certify that (I) (this haspital) attended the deceased fram. 19/, that (1) (we) last be retained director, page 3 should should be filed with the saw the deceased alive an and that death accurred at M. from causes and an the date stated above 22a, SIGNATURE 22b. DATE SIGNED MED. 11-9-67 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL R.W. BALLIN, M.D. 62 GREENE ST., CUMB., MD. 21502 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) SS. Peter & Paul Cemetery Cumberland Allegany Md. Nov.10,1967 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 JAMES SCARPELLI 108 VA. AVE. CUMB.MD

HARY WHO 74 6311 12 0 115 CUT ELLIN, MARYLYM 31's COLUMBIA STREET SICRED HEART HOSPIT L ST PLET) FENELE ! LITE Housemen US LESTER PORT, MARYLAND MI-CL Mari (M.LFSERT) 214-05-131 HOSPITAL RECORD - 200 SETOR DRIE, 3816. AY ALLASTIC ANDULA

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F.M. DILIN, M.O. HE STANDERS SE., CUID., UR. 21502

LAMES SC RPELL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pages 1 and 2—should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death. Poge 4 moy be retained by the hospitol or ottending physicion.

> VR A15 (4) 25M 1/67

14759

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14768

		PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE					
		ALLEGANY	MARYLAND	MARY	LAND	LEGANY			
	ŀ	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		tside corparate limits, write RURAL and g	rive nearest town)			
		Write RURAL ON BERLAND	2 DAYS 2 HR	CONID	ERLAND	0.1/=1/-			
	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	e street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
0		MEMORIAL HOSPITA		1110 FRE	DERICK STREET	YES NO 🔼			
	1	NAME OF First DECEASED (Type or print)  MERNIE	Middle	STEINLA	4. DATE OF NOVEMBER	1 <sup>Day</sup> Yea 67			
	S. 5	SEX 6. COLOR OR RACE 7. MARRIED		. DATE OF BIRTH	9. AGE (In years If UNDE lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Dovs Hours Min.			
	F	EMALE WHITE WIDOWED	DIVORCED 8	1-13-04	63 yrs.	Doys Hours Mill.			
		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  Housewife	OF BUSINESS OR STRY			COUNTRY? USA			
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN !	NAME				
		GEORGE C. OURS		FLOREN	ICE KISAMORE				
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. II	NFORMANT	Address				
	(16	WAS DECEASED EYER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 215	PITAL, CUMBERLA	AND, MD.					
		1B. CAUSE OF DEATH (Enter only one couse per line for (o	), (b), ond (c).)	taita	0 0 0 1 1 10 10	INTERVAL BETWEEN ONSET AND DEALH			
		7/00 IMMEDIATE CAUSE (a)	mira mainin	wow or	a Cordial farens	ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   DUE TO							
		rise to immediate couse (a),	v www me	CIFICA	1111111111111	2 yourst			
		stoting the underlying couse DUE TO				0			
		dost.   (c)	DEATH DIT HOT DELATED TO T	UE TENUMUM DISERSE CON	DITION ONED IN DIRT 1/ )	19. WAS AUTOPSY			
1	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			elevorelevor	PERFORMED?			
	FICA		RIBE HOW INJURY OCCURRED. (			113 110			
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tibe from frooks occounted.	end notes of mpsy m	ton i or i on in or i on i or i				
	MEDICAL			E OF INJURY (Home, form		County) (Stote)			
	ME	P.m. 19 While of work		ory, street, office bldg., etc.)					
		21. I certify that (I) (this haspital) attended the deceased fram 18 Stuly 1967 to 15 Nov., 1967 that (I) (we) last saw the deceased glive an 14 Nov., 1967, and that death accurred at 3:50 M. Fram causes and an the date stated abave.							
			19 <u>_6_1,</u> and that	death accurred at					
		220. SIGNATURE W. A. Van Or	mer, M.D	ATTENDING PHYS.	MED. DIRECTOR D STAFF DIVE	DATE SIGNED			
1		22c. PHYSICIAN'S NAME (Type) DR. W. A. VAN	ORMER	122 S.	CENTRE ST., CUM	BERLAND, MD.			
	230		23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)			
		Burial 11-17-67	Hillcrest Buri		Cumberland, Alle	gany, Md.			
	-	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR   25b. REGISTRAR'S	SIGNATURE			
		H. Lee Silcox 404 Decatur	St, Cumb., Me	d. DATE NO	1 2 0 1967 yella	ver Judge.			

Distance of the property of the surear and the real or spirit to company . The second THATYSAM 2 OA. 1 2 HPS - GHINE REPORTED en en 25 to 3 3 3 3 3 5 5 5 5 ALTONOMIC TO THE ACT OF THE PARTY OF THE PAR the transfer of the second state of the control of the TO DIE, W. A. I WAS COMES TO THE TOTAL CENTER ST., COLDENYAND, NO. Extend to the control of the control the state of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14760 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page delay is and 3 to Allegany Frostburg, MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and \*: P.M3. write RURAL and give nearest tawn) Frostburg e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 24 haurs after death. If a in Item 18. Give Pages 1, writing the ward "pending" in pencil in Item 18. Give Pages 1, rwarded to the Chief Medical Examiner's Office along with form NO X YES 12 East College Ave Hospital, Frostburg NAME OF 4. DATE Middle Month Doy Year DECEASED Margaret Stephenson (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED X 7. MARRIED lost birthdoy) Months Hours AUG. 16. 1887 event within 72 haurs after death WIDOWED DIVORCED White Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if retired)
Retired-Bobbin room INDUSTRY Maryland Celanese Corp. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Samuel Stephenson Ellen Clise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1873 Toch Shiel Rd. (Yes, no, or unknown) (If yes give wor or dates of service) 215-20-6846-A John E. Stephenson, Baltimore, Md. 21234 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Thrombosis. Right Coronary IMMEDIATE CAUSE (o) This certificate should DUE TO any Coronary Sclerosis Conditions, if ony, which gove be forwarded ta rise to immediate couse (o), = DUE TO 0 stoting the underlying couse oud ds be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayal, CERTIFICATION please execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 shauld shauld 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeor Not While foctory, street, office bldg., etc.) of work Inspection [7] 21. I certify that I taak charge of the remains described above, held an Autopsy X. Inquiry X, and in my opinian may be retained for FUNERAL DIRECTOR: Suicide . death resulted from: Natural causes X. Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to l ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER November 26, 1967 **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or councumberland, Maryland ro FUNEI Health NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Fbg. Memorial Park Nov. 28 167 Frostburg, Md. 25b. REGISTRAR'S\_SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 21532 DEC Chesyles Joseph R. Durst, Sr., Frostburg, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14761 14770 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE. b. COUNTY Allegany Maryland Allegany MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 s. Pag Frostburg life Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 321 E. Main St., Frostburg. Md. 321 E. Main St. YES NO V 3. NAME OF 4. DATE Day Year DECEASED OF DEATH Cromwell Stewart (Type or print) Chester S. SEX 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) WIDOWED JULY 13. 1905 DIVORCED White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician termit. Then please Furniture Eckhart, Allegany Co., U.S.A. Salesman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Stewart Nellie Mxwx Myers 1S. WAS DECEASED EVER IN U.S. ARMED PURCES: (Yes, na, ar unknawn) (If yes give war ar dates of service) 215—10—4481 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Frostburg, Md. Daughter -Sally Blank-314 Barnard St ourial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p MYOCARDIAL INFARETION PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). **DUE TO** stoting the underlying cause as the prior to t by the haspital ar attending 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. While of work at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram\_\_\_\_ , 19 63, to NOV 17, 19 67, that (1) (we) last O HOSPITAL OR ATTEND Page 4 may be retained saw the deceased glive an -3 20 19 6 7, and that death accurred at 100 M. fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L. Michael Glick 126 N. Samllwood St., Cumb., Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23d. LOCATION (City or Town) 11-19-67 REST LAWN MEMORIAL GARDENS CUMBERLAND. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 Minila Just DATE NOV 9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14762 CERTIFICATE OF DEATH 16278 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland Allegany b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give peorest town) 967 Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Allegany County Infirmary 128 Oak Street and in any event, within PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF 4. DATE Month Yeor DECEASED John Taylor Michael November (Type or print) 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years birthdoy) Months Hours 8/5/1876 White Male WIDOWED DIVDRCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Retired: Blacksmith-Proprietor West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, James William Taylor Emma Florence Click 21502 17. INFORMANTP.O. Box 599, Cumberland, Md. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service llegany County Infirmary records. crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (e). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTDPS) PERFORMED? 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram. 1967, ta Nov. 28, 168, that (1) (we) last be retained saw the deceased alive an Nov. 1967, and that death accurred at M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR X 22c. PHYSICIAN'S NAME (Type) Memorial Hospital, Cumberland, Md. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMDVAL (Specify) 12-1-67 Springfield Hill Springfield Hampshire W. Va. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH

This certificate should be executed within 24 hours after death. If any delay is

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yaur files.

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

DEP

## MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

MEDICAL EXAMINER 3 CERTIFICATE OF DEATH												
	1. PLACE OF DEATH o. COUNTY Allegany MARYLAND				VIAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany						
1	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (II nat in haspital, give street oddress)						berla		inte one give		01-1	
							d. STREET ADDRESS					RESIDENCE A FARM?
			morial Ho	-		ys			Street		YES	□ NO X
	3. NAME OF First Middle DECEASED (Type or print) William H Tro						Lost	4. DATE	Mon		Doy	Year
	. (	(Type or print)			H		utman		Novemb		1	19 67
	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		AGE (In years last birthdoy)	Months I		JNDER 24 HRS.
		Male		WIDOWED 1			4-25-1870		97 yrs.			
	100.	. USUAL OCCUPATION	(Give kind of work done life, even if retired ICC	JDb. KINI	OF BUSINESS OR		11. BIRTHPLACE (State	or foreign co	untry)		IZEN OF WH	AT
	duri	ing most at wat king	WLIEBLacks	mith Ow	h/Honde R	ailro	ad Wheelin	g. W.	Va.	U.	S.A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
		Frank Troutman					Susan	Robir	nette			
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
		no, or unknown)	(If yes give wor or dotes o	morial Ho	eni te	1 -Cumb	anlar	M b	2			
		1 0 0 monde and not but the me									L BETWEEN	
		PART I. DEATH WAS CAUSED BY: Chronic Myocarditis										
		4221	IMMEDIATE CAUSE	. ,							211022	110
		Conditions, if ony, which gove )  Conditions, if ony, which gove )  Conditions, if ony, which gove )  Conditions, if ony, which gove )										
		ise to immediate couse (o), stating the underlying cause (DuE TO										
		stoting the unde	rlying couse	(4)					dise	450		
			CHIEICANT CONDITIONS O	ONTRIBUTING TO	DEATH BUT MOT BE	LATED TO T	HE TERMINAL DISEASE CON	UDITION CIVE	M IN DAPT 1/o)		19 WAS	AUTOPSY
	NO		_						N IN PAKT I(O)		PER	FORMED?
	3	20o. EXTERNAL CA					of Left F		11 - 6 14 10 1		YES L	NO XX
	CERTIFICATION	PRIMARY Or CO	NTRIBUTING CX				then of hi					
			JRY Month, Day, Yeor		URY OCCURRED		E OF INJURY (Home, form		(City or town)	(Cou	inty)	(Stote)
	MEDICAL		Nov. 18196	While	Not While of work	facto	ry, street, olfice bldg., etc.] Lome	)	, ,			, , ,
4		-		ot work	of work	1			perland	A	Leg.	Md
							d an Autopsy,			-	and in	my opinion
		death result	ted fram: Natura	d causes	Accident A	Suici			ndetermined n	nanner		
		ACTUAL	1. 11	+ 1	2+	11	CHIEF MEDICAL				22	DATE SIGNED
		SIGNATURE	unear	LX	ruar	elu	A.D. ASSISTANT MED					
2		EXAMINER'S NAME (Type)	BENEDICI	SKITA	RELIC.	M.I	DEPUTY MEDICAL  Address (Street	AL EXAMINER t, city, town,	Nove of contract of the contra	moer	Mar	vland
	230	BURIAL, CREMATIC			23c. NAME OF CEM				CATION (City or To		(County)	(Stote)
		BUTTAL Specify					Ω		berland		,	, ,
	24	. FUNERAL DIRECTO	R		ADDRESS		2So. REC'I	D BY REGISTR	AR 2Sb, R	FGISTRAR'S SI	GNATURE	
1		James F.	Scarpelli	, Cumb		Md.	DATE NO	IV 27	1967	Melon	es yes	del

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14772 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ALLEGANY b. COUNTY MARYLAND ALL EGANY b. CITY OR TOWN (If autside carporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Write RUPAL AND EVRLEAND 2 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 BRICE HOLLOW RD 50 MEMORIAL HOSPITAL ROUTE YES NO V 3. NAME OF pan Middle Last 4. DATE Manth Day Year DECEASED ETHEL PEARI TWIGG NOVEMBER (Type or print) 1967 carl DEATH S. SEX UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Hours FEMALE WHITE 12-19-1901 and in any WIDOWED X DIVORCED pup 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY? CUMBERLAND, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, JOHN E. VALENTINE MINNIE C. WILSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, nq, or unknown) (If yes give war or dates of service MEMORIAL HOSPITAL - CUMBERLAND. MD. None NO. crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY 1. Massive Pulmonary Embolis with Coronary Occlusion ONSES WE Britis Hypertensive Cardiovascular Disease due to DUE TO 2 Conditions, if any, which gove Arteriosclerotic Cardiovascular Disease with rise ta immediate couse (o), Adrenal Adenoma. stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending has been (a) 3. Chronic Hepatitis -- Pancreaitis-Acute PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Acute Viral Infection with dehydration and Gastroenteritis YES 🔼 NO F this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) Not While factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram. 1954 Nov. 1967, that (1) (300) last . 19 \_\_ , ta.. saw the deceased alive any Nov. 17 19 67, and that death accurred at 11 .15M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. 11-18-67 PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 133 VirginiaAve. Cumberland, Md. G.Overton Himmelwright 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Sperify) Pavis Momorial Burial Cumberland. Park 24. FUNERAL DIRECTOR H. Wayne George Cumberland. Md. DATE NOV 2 2 1967 Ochanles

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STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Cumberland --Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM? Memorial Hospital (1 hr.40 Route YES NO 3. NAME OF 4. DATE Month Yeer DECEASED (Type or print) Rodger November 67 Dala 19 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months WIDOWED Male 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Ft. Hill High School Maryland Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harold Twigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Martha Frey Address (Yes, no, or unkown) | (Ifyes give we ror detes of service) Memorial Hospital-Cumberland, Maryland No None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) 2 Hrs. PART I. DEATH WAS CAUSED BY: Hemothorax. Right IMMEDIATE CAUSE (a) DUE TO Compression of Chest 2 hrs. Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying (Automobile Accident) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS ALITOPS CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING passenger in right rear seat involved 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) Not While Cumberland, Alleg, Maryland et work et work Street 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be or ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER X November 5. 1967 SKITARELIC, M.D. Address (Street, city, town, or countfumberland. please 4 shoul O FUN Maryland 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Allegany County Mt. Pleasant Cemetery VR A15ME Balto Ave. Cumberland . Md

YND STEETHEN in introd (all a Mi. at L. Larlandor falsador Santonid Cooles will High Select Maryland Provide Committee Contract Con . From Marian and the state of manifer at a section, and reported to the section of the section o 1001 . C received A ----4 4 4 Allegany Bounds was all Tiring Not 8, 1807, We. Pleasant Company fit the Castero Well as the ocs. It trouble to make I to Pages I and 2 ours offer death

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14774

									_			
	1. PLACE OF DEATH  o. COUNTY  ALLEGANY  MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE PENNSYLVANIA b. (OUNTY ATT.ECHENY						
	b. CITY OR TOWN (	If outside corporate limit	S,	c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If out	The same of the		All Parket alles	and the second	And the Real Property lies	
	write RURAL and give negrest town! FROST BURG 2 DAYS					BRADI			dire giv		75-	3
		AL OR INSTITUTION (If n	ot in hospitol, g			d. STREET ADDRESS	710011			e	IS RESID	
	M	INERS HOS	PITAL			10 E.	MAI	PLEVIEW	TERR	Y	ON A FA	NO TE
	NAME OF DECEASED (Type or print)	Fi MAU	nst DE	Middle HELEN		Lost WESLOW	4. DATE OF			Doy	Yeo	
-	SEX SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	DEAT	9. AGE (In years	IF UNDER	1 YEAR	IF UNDER	1.1
F	EMALE	WHITE	1.77	DIVORCED [		MAY 3, 19	07	60 birthdoy) yrs.	Months	Doys	Hours	Min.
10a dur	USUAL OCCUPATION	(Give kind of work done	10b. KII	ND OF BUSINESS OR		11. BIRTHPLACE (County & BR ADDOCK			12. CI CO	TIZEN OF DUNTRY?	WHAT	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
		EDERICK W		STMAN		ANNA E	. SI	KIDMORE				
15. (Ye	es The OL nuknowu)	R IN U.S. ARMED FORCES? (If yes give wor or dotes		OCIAL SECURITY NO. 14-14-69451		ORMANT		Addr			RYLA	AND
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH											
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  DUE TO  (c) Uneven								ng.	4 -		
CATION	PART II. OTHER SI	CHECKET CONDITIONS OF	A 17	OLABETTA	TO THE	E TERMINAL DISEASE CON	DITION GIV	VEN IN PART 1(o)		19. YE	WAS AUTO PERFORMI S	DPSY ED?
L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (En	nter noture of injury in P	ort I or Po	ort II of item 1B.)				
MEDICAL	20c. TIME OF INJI Hour o.i	Y 10	20d. IN While of work	Not While		OF INJURY (Home, form, , street office bldg., etc.)	, 20f.	(City or town)	(Cor	unty)	(	Stote)
		fy that (I) (this has eceased alive an_	4 4	led the deceased fram 01962, and		11/28 , 19 death accurred at 2	12.35		2, 19 <u>@</u> and an tl			
	22o. SIGNATURE	nartus	Potte	ikus	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D.	ATE SIGNE	7	
	22c. PHYSICIAN'S NAME (Type	MARTIN 1	M. ROT	HSTEIN, M.	D.	22d. ADDRESS 48 BRO	ADWA	Y, FROS	TBUR	g MI	).	
230 E	BURIAL, CREMATIC			23c. NAME OF CEMETERY JEFFERSON		MORIAL CE	N.		wn) LEGH	(County)	CO.	tote)
N.	THIEF DISECTOR	M. SOWERS	HAFI	R-SWERS	FUN	25a PEC'D	BY REGIS		EGISTRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers? Permit should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hour Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

arres.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14767 CERTIFICATE OF DEATH 14775 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYL AND ALLEGANY ALL FGANY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 10 DAYS FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENC d. STREET ADDRESS ON A FARM? 233 E. MAIN ST. SACRED HEART HOSPITAL NO A 3 NAME OF Middle 4 DATE First Lost Year corbon 1967 WIEBRECHT NOVEMBER DECEASED CHARLES C . (Type or print) DEATH IF LINDER 24 HRS. IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED birthdoy) Months Dovs Hours MALE WHITE 5-19-06 and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or fareign country) during most of working liter even in retired WCR CONHERAS SEMOUSTRYE FROSTBURG, MD. (ALLEGANY) STATION 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, MITCHELL CONRAD WIEBRECHT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service) 216-09-3815 HOSP. RECORD INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO Canditians, if ony, which gove rise to immediate cause (a), **DUE TO** stating the underlying cause the OR ATTENDING PHYSICIAN: The low 19. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? State Dept. of Heolth NO YES certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2De. PLACE OF INJURY (Hame, form, 2Df. (City or town) (County) (State) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work ot work **DIRECTOR:** After 21. I certify that (I) (this hospital) attended the deceased fram. . 19 . that (1) (we) last . 19 . ta Page 4 moy be retained be filed with the M, from causes and on the date stated above. 19 , and that death accurred at saw the deceased olive an. 22o. SIGNATURE 22b. DATE SIGNED · Carrice d. Vucens M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S CLARENCE J. VINCENT O FUNERAL NAME (Type) N. SMALLWOOD ST. CUMBERLAND, MD. director, should b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURLAL MD. ALLEGANY, 11-28-67 ECKHART CEMETERY 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 DURST FUNERAL HOME FROSTBURG. MD.

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C. Labour Co.			DATE SUBSERVE TO THE STATE OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14763 14776 CERTIFICATE OF DEATH within 24 haurs after death PLACE OF DEATH ALLEGANY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY MARYLAND . ALLEGANY MARYIAND b. CITY DR TDWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CRESAPTOWN. MD. 39 DAYS d. NAME DF HDSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? BRANT ROAD NO X 3. NAME OF First Middle Last 4. DATE Month DECEASED WILMOTH NOVEMBER HELENA 1067 COL (Type or print) and in any event, DEATH The law requires that the death certificate be executed S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED AGE (In years ast birthday) FEMALE WHITE WIDOWFD 10-17-27 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) COUNTRY? INDUSTRY S CRESAPTOWN, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya ALBERT LEASE MARY CHILCOTT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SACREDAGHEART HOSPITAL 900 SETON DRIVE, CUMB., MD (Yes, na or unknown) (If yes give war ar dates af service) 213-24-5795 HOSPITAL CHART 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: SINSET AND DEATH concer 4th housean IMMEDIATE CAUSE (a) the haspital ar attending physician. DHE TO Conditions, if any, which gave rise ta immediate cause (a). DUF TO stoting the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Nat While OR ATTENDING TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram\_ be retained saw the deceased alive an and that death occurred at M, fram causes and an the date stoted above 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type BRINGS. M.D. 57 GREENE STREET. CUMB., MD. 21502 directar 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (State) Burial (Specify) 11/.3/1967 Hillcrest Burial Park Near Cumberland Alleg 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Balto Ave. Cumberland, DANI NOV 6 Mingley V230

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE HEALTH DEPT. 2, and 3 to PM3. Page

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along/with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 5 may be retained far your files. VR A15ME 6M 1/67

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14769

	7.57								
PLACE OF DEATH     O. COUNTY	H	MADVEAND	2. USUAL RESIDENCE ( Marylane	Where deceosed lived, if institution: Re b. COUNTY	esidence before odmission)  legany				
L CITY OF TOWN	Allegany	MARYLAND							
	N (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	la l	utside corporote limits, write RURAL and	d give neorest town)				
Cumber:			Cumb	erland	01=1				
d. NAME OF HOS	SPITAL OR INSTITUTION (If not in hospitol	, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE				
	Furnace Street		320 Furnace Street   ON A FARM?						
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year				
(Type or print)	Leonard	D.	Wilson	DEATH 11/13/1	967 19				
S. SEX	6. COLOR OR RACE 7. MARRIE		8. DATE OF BIRTH	9 AGE (In veors IF U	NDER 1 YEAR   IF UNDER 24 HRS.				
Male	White WIDOWE	DIVORCED	12/7/1884	lost birthdoy) Mon 82 yrs.	ths Doys Hours Min.				
100. USUAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT				
during most of worki		INDUSTRY	Engl	and l	COUNTRY?				
13. FATHER'S NAME			14. MOTHER'S MAIDEN		UDA				
13. TATTIER 3 HAME									
	Robert Wils			e Hatherley					
	EVER IN U.S. ARMED FORCES?  (If yes give wor or dotes of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address					
No	in yes give wor or doles or service	M	rs. Kirby	Miller, Cumbe	rland, Md.				
	DEATH (Enter only one couse per line f			(Daughter)	INTERVAL BETWEEN				
	DEATH WAS CAUSED BY:	, , , , , , , , , , , , , , , , , , , ,	CCLUSION	(Daughter)	NONSET AND DEATH				
H 2 2/									
T + O I DUE TO									
	ony, which gove (b)	CORONARY	SCLEROSIS						
	nderlying couse DUE TO								
last.	) (c)								
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?				
OT L					YES NO NO				
200. EXTERNAL PRIMARY Or OF CALISE OF DEAT	L CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18 \					
PRIMARY Or	CONTRIBUTING		(Ellist Netzie et Injer) III						
		WILLIAM OCCUPANTS	CE OF WINDY (v. f.	Tool (s:	15				
20c. TIME OF I			ICE OF INJURY (Home, form tory, street, office bldg., etc.		(County) (State)				
Z	20	ork of work	10, 7, 31, 001, 011, 00 010 010 01.						
21. I cer	tify that I took charge of the r	emains described obave he	eld on Autopsy	Inspection XX, Inquiry [	XK ond in my opinian				
dedili ies	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner								
ACTUAL .	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED								
SIGNATURE	sumaics De	Markey	ITI.D.	DICAL EXAMINER	10 1010				
EXAMINER'S NAME (Type)	BENEDICT SKITA	ARELIC, M.D.	DEPUTY MEDIC Address (Stree	AL EXAMINER November, city, town, or count cumber	13 1967 land AMA AND				
230. BURIAL, CREMA	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)				
Buria Buria		7 Oak Hill C	emeterv	Lonaconing,	Md.				
24. FUNERAL DIREC		ADDRESS			AR'S SIGNATURE				
Georg	e Eichhorn, Lor	naconing. Md.	DATE IV	OV 15 1967 gcl	wiles Justes				

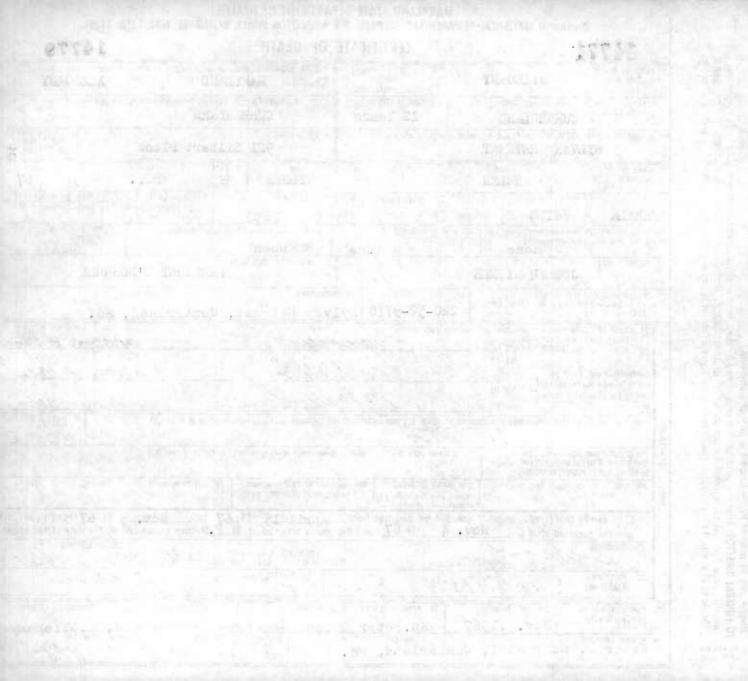
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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14780

FOR STATE HEALTH DEPT 772 Separtment of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

alle all	200									
PLACE OF DEATH     O. COUNTY			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)  o. STATE MARYLAND b. COUNTY ALLEGANY							
A.	LLEGANY	MARYLAND	MARI	PLARITAND ALITECANI						
	If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL on	nd give neorest town)					
CUMBERIL	AND	62 yrs	CUMBERI	AND	61.1					
	AL OR INSTITUTION (If not in hospi	tal, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
448 WI	LLIAMS STREET		TTT8 MJ	ILLIAMS	YES NO					
3. NAME OF DECEASED (Type or print)	ARTHUR First	Middle FREDERICK	Lost ZARGER	4. DATE Month OF NOV	Doy Year 1967					
s. sex male	6. COLOR OR RACE 7. MARR White WIDOV		B. DATE OF BIRTH DEC. 25,190	last hirthdoy) Mos	INDER I YEAR   IF UNDER 24 HRS. nths Doys Hours Min.					
	(Give kind of work done 10 life even if retired)	b. KIND OF BUSINESS OR INDUSTRY RALLEROAD		te or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
JOHN	ZARGER		KATE "CH	TRISTMANY ZARGER H	OPCRAFT					
1S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address						
(Yes, no, or unknown)	(If yes give wor or dotes of service)	705-05-5257	LTLLIAN ZARO	ER 448 WILLIAMS S	ST. CUMBERLAND					
18. CAUSE OF DI PART I. DEAT	EATH (Enter only one couse per line TH WAS CAUSED BY: IMMEDIATE CAUSE (o)				INTERVAL BETWEEN ONSET AND DEATH Sudden					
4251	4 25 / DIE TO									
Conditions, if ony, which gove ) (b) Coronary Sclerosis										
	rise to immediate couse (a), ( Dur To									
last.	storing the underlying couse									
PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT RELATED 1	TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO					
PRIMARY Or CO	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.									
Hour o.r										
	y that I taak charge of the		held an Autapsy	, Inspection X, Inquiry	🗶, and in my apiniar					
	ted fram: Natural causes									
AT 100 A 22 TO	CHIEF MEDICAL EXAMINER									
ACTUAL SIGNATURE	Denodert	Skitarelie	M D ASSISTANT M	EDICAL EXAMINER	22. DATE SIGNED					
EXAMINER'S	Julie Contract		DEPUTY MFD	ICAL EXAMINER	30 NOV67					
NAME (Type)	Benedict Ski	tarelic, M.I	Address (Stre	eet, city, town, or coloumber 1	land, Marylan					
230. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (State)					
REMOVAL (Specify	) 3 DEC 67	ST. LUKES C	CEMETERY	CUMBERLAND ALI	LEGANY MD.					
24. FUNERAL DIRECTO	)R	ADDRESS	2So. RE	C'D BY REGISTRAR 2Sb. REGISTR.	AR'S SIGNATURE					
H. LEE S.	ILCOX LOL DECAT	UR STREET CUMBE	CRIAND DATE D	EC 4 1967 gold	carles Judge					

VR A15ME (5) 6M 1/67

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the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

necessory, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State,

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

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in pencil in Item 18. Give Pages 1, 2,

This certificate should be executed within 24 hours ofter death. If

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